

# Congress of Neurological Surgeons



## MAILING LIST RENTAL REQUEST

The renter agrees that the Congress of Neurological Surgeons' Membership Mailing List, and any part of, is the sole property of the CNS.

The renter **MUST** submit a sample of the mailing information to the CNS with each order. The sample is subject to approval before the list is rented. The CNS reserves the right to refuse any rental request.

The renter understands that all names and addresses are provided for a one-time use only. Mailing lists do NOT include email addresses. No refunds will be given after list distribution. By signing below, the renter, guarantees that the names and addresses will not be copied, reused, sold, reproduced or used for something other than for specific agreement or approval material.

Item	Description	Excel format
CN100	Active, Active International & International Vista Members (For-profit Organizations)	\$500
CN200	Active, Active International & International Vista Members (Non-profit Organizations)	\$375
CN300	Active International & International Vista Members (For-profit or Non-profit)	\$250
CN400	Active, Active International & International Vista Members (Requested by CNS Members)	\$150
CN500	Active, Active International & International Vista Members (Requested by hospitals)	\$250
CN600	Resident Members (For-Profit Organizations)	\$500
CN700	Resident Members (Non-profit Organizations)	\$375

You will receive an invoice before acquiring your order. Payment terms are due immediately upon receiving invoice. Once payment has been received, your order will be shipped. Please make checks payable to the:

Congress of Neurological Surgeons  
10 N. Martingale Road  
Suite 190  
Schaumburg, IL 60173

Allow two to four weeks for delivery.

**\*\*\*THE REVIEW PROCESS FOR MAILING LIST SAMPLES MAY EXTEND UP TO 30 DAYS\*\*\***

# Congress of Neurological Surgeons



*Education and Innovation*

## **Label Order Form**

Item Number \_\_\_\_\_ Cost \_\_\_\_\_

Special Requests \_\_\_\_\_  
\_\_\_\_\_

Contact Name of Renter \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address of Organization  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax this form with a sample of your mailing to the CNS at 847-240-0804 or e-mail to [info@1cns.org](mailto:info@1cns.org).