



Society of Gynecologic Oncology

## Mailing Label Request

**To: SGO ADMINISTRATION**      **From:** \_\_\_\_\_

**Fax: 312-235-4059**      **Pages:** \_\_\_\_\_

**Re: Mailing Label Rental**      **Date:** \_\_\_\_\_

### **POLICY**

*Please read the following before completing the rental form.*

#### **Criteria**

SGO member mailing addresses are available to SGO members, advocacy supporters, medical device or pharmaceutical companies, and health care facilities that have a purpose in providing SGO members with printed information about educational meetings, products or services devoted to women's cancer care. Mailing labels will be rented to requesters who do not compete with SGO products, services and events.

#### **One-Time Use**

Mailing labels are for a one-time use only and must be used within 3 months of receipt. The purchaser as well as its employees and/or mailing house vendor may not copy, distribute or sell the content of the data file in any form. The labels are seeded with decoy names to detect unauthorized use. If unauthorized use is detected, the purchaser of the mailing labels will pay 8 times the value of the labels and be subject to legal action. A separate mailing label request form and corresponding mailing piece must be submitted and approved by SGO if an additional mailing is needed.

#### **Mailing Piece Approval and Label Fulfillment**

The requester's mailing piece must accompany his/her mailing label request form. SGO leadership will review the mailing piece to evaluate whether the purpose of the mailing meets SGO's criteria. Requests will be denied if the requester's product or service competes with SGO or the event falls within 60 days of an SGO event. Upon approval, SGO will send the mailing labels to the requester's office or mailing house vendor for fulfillment.

#### **Mailing Address Sorting**

SGO member mailing addresses can be fulfilled as full or partial labels. Labels can also be sorted into geographical areas according to ZIP code, state or country, as well as by member type (i.e. gynecologic oncologists, fellows-in-training, allied health professions).

#### **Terms**

Please allow 5 business days for the review of the mailing label request, approval of the mailing piece and fulfillment of labels. Payment is required in the form of check or credit card (VISA or MasterCard). Refunds will not be given.

#### **Questions**

Please contact SGO Administration at 312-235-4060 or [administration@sgo.org](mailto:administration@sgo.org).

## SGO Mailing Label Request Form

The form must be completed in its entirety. Incomplete forms will not be processed and will be returned for completion.

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PURCHASER

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SEND TO

Contact: (at mail house) \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### LABEL RENTAL FEES

SGO Member (Full and Partial Set): \$250.00 per set

If the SGO member fee is selected, please indicate the member's name here: \_\_\_\_\_

Non-SGO Member (Full and Partial Set): \$1,000.00 per set

Shipping:  FedEx: \$20.00  USPS: \$15.00

### LABEL TYPE

Complete list of labels (over 1,800 names and mailing addresses)

Partial list of labels (select below for sorting criteria)

### Geographic Breakdown:

ZIP Code(s): \_\_\_\_\_

State or Specific States: \_\_\_\_\_

Country or Specific Countries: \_\_\_\_\_

International Only

USA Only

### Member Type:

Gynecologic Oncologist  Associate  Candidate  Fellow-in-Training  Resident

Allied Health Professional (nurse, physician assistant)  Senior/Retired  International

### PURPOSE OF MAILING

Describe reason for mailing. Please also attach a copy of the mailing piece to the request for SGO approval.

\_\_\_\_\_  
\_\_\_\_\_

Date of the mailing: \_\_\_\_/\_\_\_\_/\_\_\_\_

Target audience: \_\_\_\_\_

**PAYMENT METHOD**

Paying with Check:

Make check payable to: Society of Gynecologic Oncology

Mail check to: Society of Gynecologic Oncology  
26533 Network Place  
Chicago, IL 60673-1265

Paying with Credit Card:  Visa  MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV (3-digit code): \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

Total Cost: \_\_\_\_\_

**SIGNATURE REQUIRED FOR COMPLETION OF LABEL REQUEST**

I understand and agree the SGO member mailing labels are for a **one-time use within 3 months of receipt** and the mailing piece I have submitted for approval is considered final and will be mailed to the recipients on the mailing labels. I also understand the mailing labels are seeded with decoy names to detect unauthorized use. If unauthorized use is detected, I understand I pay 8 times the value of this order and be subject to legal action. I, my colleagues as well as the mailing house vendor I'm working with to fulfill this mailing will not copy, distribute or sell the content of the mailing labels in any form. I will submit a separate mailing label purchase form and mailing piece to SGO if additional mailings to SGO members are needed.

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

Print First and Name: \_\_\_\_\_

**Please email, fax or mail the completed form and copy of mailing piece to:**

Email: [administration@sgo.org](mailto:administration@sgo.org)

Fax: 312-235-4059

Mail: Society of Gynecologic Oncology  
Attn: Administration  
230 W. Monroe Street, Suite 710  
Chicago, IL 60606-4703