



MINNESOTA MEDICAL GROUP MANAGEMENT ASSOCIATION

List Use Request Form

The MMGMA mailing list consists of approximately 700 members. The list can be broken down into two subsets: Regular Members, who are managers/administrators; and Affiliate Members, who are individuals whose organization provides products or services to the health care industry.

To request labels, follow the steps outlined below. You must complete all information. If you have any questions, please contact the MMGMA office.

Approval & Standards

MMGMA reviews each mailer before the request is approved. MMGMA reserves the right to decline any label order that does not meet with its approval.

To receive approval, the following criteria must be met:

1. A sample mailer (a rough draft or letter of explanation will do) must accompany the request.
2. The mailer and the offer must comply with applicable laws and postal regulations.
3. The mailer may not carry any mention of, or endorsement by, MMGMA without prior approval.
4. The mailing must be for the direct benefit of only the purchasing company, unless prior approval has been given.

Processing

In most cases, labels are shipped within five (5) working days unless special arrangements are made prior to shipping.

List Selection, Format & Sorting Options

Please select the desired mailing lists:

- All members
- Regular members only
- Affiliate members only

Labels are produced with a maximum of five (5) lines per label. Please specify your sorting preference below (if no preference is checked, labels will be sent in alphabetical order).

- Sorted by zip code
- Sorted alphabetically by last name

Costs & Payment

The charges quoted are per use and must be paid in advance.

- Labels, MMGMA Member (sponsor, exhibitor, etc.).....\$100
- Labels, Nonmember\$250

Agreement

You must sign the following agreement for your order to be processed.

I agree that the labels provided to my company by the Minnesota Medical Group Management Association are for one time use and only for the purpose listed on this form. I further agree that they will not be duplicated, reused, sold, or provided to another party for any purpose.

SIGNATURE DATE

NAME (please print or type)

TITLE

COMPANY

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

E-MAIL

Payment Options

AMOUNT ENCLOSED \$ _____

- Check (payable to MMGMA)
- American Express Discover
- Mastercard Visa

CARD NUMBER EXPIRATION DATE

NAME OF CARDHOLDER

AUTHORIZED SIGNATURE

Please mail your request, sample mailer and payment to the MMGMA office.



MMGMA
4248 Park Glen Road
Minneapolis, MN 55416
Phone (952) 928-4644
Fax (952) 929-1318

Note: MMGMA may make trade arrangements or allow discounted rates for its mailing list with other professional associations or non-profit organizations. All requests are approved by the MMGMA Board of Directors or Executive Committee prior to shipping.