

eBlast Request Form



American Society of
Anesthesiologists

American Society of Anesthesiologists® (ASA®) eBlast List Rental is limited to one-time use for CME and meeting notification to U.S.-based ASA members. The eBlast will be processed and sent by ASA from an ASA server on behalf of the Company. A file of the HTML email communication (including graphics, logos, and URLs for embedded links) must be submitted with this rental request form. The eBlast will be scheduled after the communication has internal approval and signed agreement, files, and payment are received. Please allow 15 business days for scheduling and processing after approval and all required documents are received. Please submit this form and email-ready HTML file to **asalistrental@asahq.org**.

ORDER INFORMATION

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: _____ Email Address: _____

Date Desired for eBlast: _____

Subject Line for eBlast: _____

Has ASA approved use of eBlast for this CME activity before?

No Yes If yes, when: _____ Date of Course: _____

TARGET AUDIENCE

- All ASA members
- Active members (U.S. physician anesthesiologists)
- Resident/Fellow members
- Medical Student members
- Retired members
- Educational members (non-physician providers of anesthesia care, except AAs)
- Educational Student members (includes Nurse Anesthetists in training)
- Anesthesiologist Assistant members (CAAs)
- Anesthesiologist Assistant in training (AASs)
- Anesthesia Administrators & Executives (AAEs)

GEOGRAPHIC LOCATIONS

- U.S. only All states
- Selected states Specify: _____

RATES

- \$300 Set-up Fee + \$300 per 1,000 email addresses (or fraction thereof) with 1,000 email address minimum

FOR ASA USE ONLY

Cost: Discount _____ Total: \$ _____

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PAYMENT METHOD

Prepayment by check or credit card is required.

Check made payable to ASA in U.S. funds, drawn on a U.S. bank, enclosed in the amount of \$ _____

Visa MasterCard American Express

Card Number: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____

Cardholder Signature: _____

EBLAST REQUEST FORM AGREEMENT TERMS AND CONDITIONS

The following terms and conditions apply to this Agreement:

1. Company agrees and acknowledges that ASA may refuse to honor any request to use its eBlast services to any individual or entity whose products or programs for any reason, and especially for those reasons that conflict with the principles and philosophies of ASA, in its sole discretion.
2. Company agrees and acknowledges that it may not, either expressly or impliedly, assert that ASA endorses or in any manner supports Company or its products and/or services.
3. In order to protect the reputation and goodwill of ASA, Company agrees that ASA shall have the right to review and approve all materials or plans of Company or its agents regarding its eBlast request (or any portion thereof).
4. Furthermore, ASA may, in its sole discretion, at any time and for any reason, cancel or refuse any eBlast request.
5. The individual signing this Agreement on behalf of Company hereby represents and warrants that he/she has the full power and authority to enter into this Agreement on behalf of his/her organization.
6. All eBlast requests shall be considered tentative until Company signs this Agreement.
7. ASA's liability to the Company arising out of or related to this Agreement will not exceed the total cost of the services provided. In no event will ASA be liable to the Company for any consequential, indirect, special, incidental or punitive damages.

Signature: _____

I have read and understand the eBlast Request Form and the attached Terms and Conditions and I understand and agree to accept and comply with requirements listed in this Agreement and the Terms and Conditions.

