



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

**CONNECTING AAHPM MEMBERS TO RESEARCH SURVEYS
EMAIL REQUEST FORM**

The following guidelines apply when requesting emails from AAHPM for a one time use to disseminate a research survey pertaining to hospice and palliative care.

- **A completed request form, sample email solicitation, PDF of the survey, IRB approval paperwork and complete payment must accompany all orders.**
- Duplication or reselling of these emails is not permitted. Emails are rented for a **one-time use only.**
- Rental of member names and emails addresses may **not** be provided for promotion or solicitation of:
 - educational products deemed to be in direct competition with an AAHPM product;
 - membership solicitation to another organization;
 - educational events deemed to be in direct competition that are scheduled within 45 days before or after an AAHPM educational offering;
 - solicitations for funds, donations, or the like
 - recruitment of healthcare professionals
- Payment must be enclosed. We do not invoice for emails.
- All requests are subject to approval.
- Allow AAHPM three weeks from the date of submission of this form to make a final decision.
- Refund of payment will accompany all refusals.
- Any suggestion of AAHPM endorsement on the survey instrument, related communications or published data is strictly prohibited.

Required Information:

Name _____

Organization name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Requested Attestations – please initial each statement:

_____ I am an AAHPM member in good standing.

_____ I am affiliated with an academic institution or community agency.

_____ I am located in the U.S. and am conducting this research study in the U.S.

_____ This project is solely for research purposes.

_____ This project pertains to research in the field of hospice and palliative care.

_____ I understand that this is a one-time use of AAHPM’s email list for this particular project.

_____ Emails will NOT be sold, reused, or recycled for any other purpose.

_____ The one-time use of AAHPM's email list will **NOT BE USED FOR:**

_____ Commercial reasons

_____ Marketing purposes

Indicate Email Format Requested:

- Format:** Emails only Emails w/ First, Last, Zip code
- Sort:** Zip code sequence Alpha sequence
- Selection:** All AAHPM members Fellow members
- Physician members Resident & Student members
- Affiliate members
- Selected states _____
- Specific Demographic _____

Rush Order: \$50 (review within 5 working days after receipt of complete request)

- Rate:** 1-1,000 names: \$250 3,001-4,000 names: \$1,000
- 1,001-2,000 names: \$500 4,001-5,000 names: \$1,250
- 2,001-3,000 names: \$750 Two sets of full membership*: \$2,300

*Must be used for same survey, a second set would accommodate a targeted reminder email

Payment: Visa Discover Mastercard Am Express Check (made payable to AAHPM)

Credit card # _____ Exp date _____

Name on credit card _____

AAHPM
8735 W Higgins Rd, Ste 300
Chicago IL 60631
Office 847.375.4712 Fax 847.375.6475

GL Account # 5570-001
AAHPM Tax ID # 59-2918299

Email this completed request, email solicitation sample, PDF of your survey, IRB approval paperwork and payment to info@aaahpm.org.