



AMERICAN ACADEMY OF IMPLANT DENTISTRY

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Mailing List & Label Request

Contact name: _____

Company name: _____

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Educational Institution

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Needs assessment:

All AAID Members (Domestic & International)

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Item	Commercial Company	Educational Institution
<input type="checkbox"/> MS Excel Spreadsheet	\$1000	\$400
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AT LEAST THREE WEEKS IN ADVANCE OF YOUR MAILING DATE, please submit this form, payment, and a copy of the mailing materials to:

MAIL:
AAID Headquarters Office
211 E Chicago Ave, #750
Chicago, IL 60611

FAX: Fax: 312.335.9090

E-MAIL: aaid@aaid.com

The list will include our current membership's postal mailing information.
We do not and will not include phone numbers, fax numbers, and/or e-mail addresses.
It is to be used for a one-time mailing only.
AAID reserves the right to refuse approval for any reason.

For AAID Office Use Only:

Approved by: _____

Date of Approval: _____

Date List/Labels Sent: _____