Hello and thank you for requesting a list/labels from the National Association of Dental Laboratories!

Attached with this memo are the following:

1. List/Label Order Form
2. List Use Agreement Form

Please complete these forms and return them to the NADL Executive Office.

Once these forms are received, you will be contacted with the exact count and cost of the parameters you requested. Remember, NADL must have a copy of the materials that you will use in your mailing as well as payment before the list can be sent to you. We accept Visa, MasterCard, American Express, check or money order. Please note that NADL does not rent phone/fax numbers or e-mail/website addresses. Also, NADL does not provide labels or lists in an electronic format.

Please contact the Director of Membership at the Executive Office if you have any questions.

Thank you!
List/Label Order Form and Rental Contract

Company Requesting List/Labels:  
Name: ____________________________  
Company: ____________________________  
Address: ____________________________  
City: ____________________________  
State: ____________________________  
Zip Code: ____________________________  
Phone: ____________________________  
Fax: ____________________________  
E-mail: ____________________________  
Date List/Labels Needed: ____________________________

Send List/Labels To:  
Name: ____________________________  
Company: ____________________________  
Address: ____________________________  
City: ____________________________  
State: ____________________________  
Zip Code: ____________________________  
Phone: ____________________________  
Fax: ____________________________  
E-mail: ____________________________

Description of List/Labels Needed:

☐ NADL Laboratory Members  ☐ NADL Non-Laboratory Members  ☐ All States
☐ US Only  ☐ Specific States (please list)
☐ All Members (Domestic and International)

Sort Needed:

☐ Zip Code (Best for bulk mail)  ☐ Laboratory Name
☐ By Last Name

Format:

☐ NADL Active Member Printed Mailing Labels  ☐ NADL Active Member Printed List

The cost of the list/labels is $0.15 per name for NADL Members and $.30 per name for Non-Members. Once received NADL will contact you with the final price for your order. *(Please note that you may be subject to Florida sales tax)*

Please allow 10 business days for processing and a shipping time of 3-5 business days.

A rush fee of $40 applies to any order requested to be filled within three (3) business days. (this does not include the shipping fee)

**Shipping Method (circle one):** Standard @ $10.00  or  2nd Day @ $25.00  or  Overnight @ $50.00

**FLORIDA SALES TAX:** (Per Florida law, all orders being mailed to Florida must pay sales tax based on the rate imposed in the county where the merchandise or service is delivered.)

FL County: ____________________________  FL Sales Tax (%): ____________________________ *

(*Sales Tax does not apply to shipping charges)  **Total Amount FL Sales Tax Dues = $__________**

Total Amount Due: $__________  Check or Money Order #: ____________________________

Credit Card #: ____________________________  Expiration Date: ____________________________

CVV3 or CCV Code: ____________________________ *(This is the 3 digit number on the back of the card where the signature line appears).  
AMEX ONLY - This is the 4 digit number found on the front of the card.

Billing Address Including Zip Code: ____________________________

Name on Card: ____________________________  Cardholder Signature: ____________________________

**Important Note:** NADL reserves the right to not rent, sell or share its mailing labels except to trusted partners who work on behalf of or with NADL to further the dental laboratory technology industry.
List Use Agreement Between the National Association of Dental Laboratories and the Undersigned

The Undersigned agrees to adhere to the following provisions concerning the use of any compilation of the list addressing that the Undersigned has ordered and may hereafter order from the National Association of Dental Laboratories (NADL), except as may be otherwise agreed to in writing by the NADL and the Undersigned.

1. Names and addresses provided are the exclusive property of the NADL. The rental and payment gives no ownership right to the Undersigned. The Undersigned shall mail only the final mailing piece that has been approved by the NADL. Names and addresses will not be copied, reused, sold, electronically reproduced or entered into a computer system, be compiled with any existing file and/or maintained for the use as a mailing list, by any party, or for any other use.

2. Each list of names and addresses provided will only be used one time for the approved mailing.

3. All quotes for list purchases received by the Undersigned from the NADL prior to the completion of the actual mailing list are approximate and subject to change. The NADL shall not be responsible for shortages or overruns of materials based on estimates.

4. If the completed order is determined to be incorrect, the Undersigned must notify the NADL within 30 days after receipt of the order, otherwise the order shall be deemed correct.

5. It is understood that decoy names may be seeded in the supplied list for the prevention of unauthorized use and the Undersigned agrees to pay $3,000.00 for such unauthorized use should it occur.

6. The NADL requires pre-approval of all the items to be mailed and has the absolute right to deny rental of the list based on a review of the materials to be distributed to the names on the list/labels.

7. Rental of the NADL mailing list to outside agencies/persons does not represent an endorsement of the product or service being marketed.

8. Direct mailing list brokers purchasing the NADL membership list on behalf of a client assume all responsibility for payment to the NADL, regardless of the client's payment standing with the broker.

9. Only active NADL members may cite “NADL” on any portion of the mailing materials.

10. The Undersigned understands that if they do not comply with this agreement that their right to use the list will be revoked.

Your signature below indicates that you have read and accept the conditions stated above.

Name: ____________________________ Date: ____________________________

Title: ____________________________ Signature: ____________________________

Agency/Company: ____________________________

Complete Address: ____________________________

Please mail or fax these forms and accompanying materials to:

Attn: Director of Membership
National Association of Dental Laboratories
325 John Knox Road, Bldg. L103
Tallahassee, FL 32303

Fax: 850-222-0053

Please contact the NADL office with any questions at:

Phone: 800-950-1150
or
E-mail: membership@nadl.org