

List Rental Contract



This List Rental Contract is executed between BICSI,
8610 Hidden River Parkway, Tampa, FL, 33637 and List Renter _____

List Renter (LR) understands that the BICSI conference attendee list (LIST) being rented is the exclusive property of BICSI and that the names and addresses received by the LR from BICSI or BICSI's list agent (AGENT) are held in confidence and will not be identified as a source of the list at any time. LR will not resell, disclose, transfer, duplicate, reproduce, or retain in any form any part of such LIST, nor will it permit any third party to do so. LR will not use the LIST to enhance, add data, or in any way alter any other list, file, or database.

LR agrees that all names and addresses furnished by BICSI and AGENT are provided on a rental basis for a one-time usage only. LR agrees to use the LIST for the one-time mailing or other pre-approved usage within 30 days of contract date for the LIST. BICSI and AGENT reserve the right to revoke permission to use the names and addresses and require their return. BICSI reserves the right to pre-approve the mailing or other intended use of the LIST.

LR may use competent agents, vendors, or other service providers to process a mailing or other project using the LIST but LR remains solely responsible for their compliance with this Contract.

LR understands that BICSI and AGENT make no representations or warranties with respect to the LIST. LR agrees to indemnify and hold harmless BICSI and AGENT from any and all claims, damages, losses, or expenses, however incurred, occasioned by the use of the LIST.

LR acknowledges and agrees that the LIST contains names and addresses to monitor improper and unauthorized usage. LR may not employ any method to detect, alter, or eliminate those names and addresses.

Prepayment by credit card is required. Cancellation of orders or refunds is not available. Sales or use taxes are the sole responsibility of the LR or LR's designated agency.

By signing below, LR agrees to all terms and conditions of this contract. Any use of LIST provided by BICSI and AGENT is prohibited unless a List Rental Contract is executed.

List Renter (LR) Company

Authorized Representative

Title

Phone

Signature

Date

Return to:

Kim Osterman, CMP; Fax: +1 813.971.4311; Phone: +1 813.769.1841 or 800.242.7405, ext. 841; Email: kosterman@bicsi.org

List Rental Order Form



Order Date: _____

Choose One: Labels sent to you by _____ (Date) Bonded mailing house use on _____ (Mail date)

Price: \$500 per set of Avery® labels, includes 2-3 day shipping to U.S. address*
 \$500 per use through Phoenix Direct bonded mailing house
 (Price is \$250 for Premier exhibitors)

2020 Fall Conference	List	Price
BICSI Fall Conference	Pre-show attendees	US \$
BICSI Fall Conference	Post-show attendees	US \$
Additional shipping fee(s)*		US \$
Total due		US \$

*Additional shipping fees: Add \$5 for each set of labels sent to Canada. Add \$15 for expedited service to U.S. address.

Shipping/Contact information for labels (required):

Name _____ Company _____

Address _____

City _____ State/Province _____ Zip/Postal code _____

Phone _____ Email _____

Signature (required):

I agree to the terms and conditions of the List Rental Contract.

List Renter (LR) Company _____

Authorized Representative _____

Signature _____ Date _____

Return to:

Kim Osterman, CMP; Fax: +1 813.971.4311; Phone: +1 813.769.1841 or 800.242.7405, ext. 841; Email: kosterman@bicsi.org

Payment Section

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Dept. for instructions on wiring funds.)
 For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

Total to be paid \$ _____

Check or Money Order Enclosed

Visa MasterCard American Express Diner's Club Discover

Internal Use
Only

Cardholder name (as the name appears on the credit card) _____ Cardholder signature _____ CVV code _____

Credit card number _____ Expiration date _____ Card billing zip code (required) _____