



# SAGES Membership Mailing List Order Form

The Society of American Gastrointestinal and Endoscopic Surgeons rents our membership list to both members and non-members of the Society. A **completed order form and a sample of the mailer or mailers** you intend to distribute can be placed by mail, fax or email. Once the order is received and processed, the mailing list will be sent to you. Please allow 2 weeks for normal processing. Please note that the prices listed are for a **ONE TIME USE ONLY**. Additional uses may be purchased at a 50% discount if the list is used again within 60 days of the original purchase date. Payment by check payable to SAGES or credit card (VISA or MasterCard only) may be included with your order or you can request that you be mailed an invoice.

PLEASE SUBMIT YOUR ORDER TO:

Society of American Gastrointestinal and Endoscopic Surgeons  
Attn: Membership Dept  
11300 W Olympic Blvd #600  
Los Angeles CA 90064  
Phone: (310) 437-0544 Fax: (310) 437-0585  
Email: membership@sages.org

Checks should be made payable to SAGES.

We accept VISA and MasterCard credit cards only.

List Format	SAGES Member Price	Non-Member Surgeon/Institution Price	Industry/Corporate Price
E-Mail Using Excel File Attachments:	\$450	\$600	\$800
Pre-printed Mailing Labels:	\$550	\$700	\$900

### ORDER INFORMATION

COMPANY \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

BILLING TYPE	<input type="checkbox"/> I am a SAGES Member	<input type="checkbox"/> I am a Non-Member	<input type="checkbox"/> I am Industry/Corporate
LIST FORMAT	Member Name: _____		
LIST CONTENTS	<input type="checkbox"/> E-Mail Attachment	<input type="checkbox"/> Pre-Printed Mailing Labels	
SHIPPING	<input type="checkbox"/> Active Members (Full Surgeons)	<input type="checkbox"/> Candidate Members (Residents & Fellows)	
	<input type="checkbox"/> Allied Health Professionals (non-surgeons)	<input type="checkbox"/> International Members	
	Please send the mailing list by this date: _____ <input type="checkbox"/> E-Mailed (electronic format only)		
	<input type="checkbox"/> US Mail (no charge) <input type="checkbox"/> FedEx (+\$25 S/H, or provide your FedEx Account Number): _____		
<b>TOTAL DUE</b>	<b>\$ _____</b>		

### PAYMENT INFORMATION

- Please send us an invoice.  Include our Purchase Order # \_\_\_\_\_ on the invoice.
- I am including a check with this order.
- I wish to pay by credit card:  VISA  MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_