

Mailing List Agreement

Any company, agency or individual interested in purchasing an ASBP Mailing List must complete the New Advertiser & Exhibitor Application on page 10. AGREEMENT entered into on the day and date set forth below by and between the ASBP and the contracting party whose signature is affixed hereto ("Contracting Party"). In consideration, receipt of payment of \$500 for full membership listing and this signed agreement, the parties do hereby agree as follows:

1. The Contracting Party agrees that it will not, either in the material to be mailed or in any other manner, advertise, suggest, indicate or imply the Contracting Party any product or right it sells or any service it performs, has received the ASBP's approval or endorsement.
2. The ASBP shall have no obligation to the Contracting Party or anyone else in connection with the said mailing except as expressly set forth herein.
3. The Contracting Party does hereby agree to defend and hold the ASBP harmless against all rights, claims and actions of every nature whatsoever arising out of any tortuous conduct whatsoever on the part of the Contracting Party, its agents, servants or employees.
4. The Agreement constitutes the entire agreement between the parties.
5. The undersigned Contracting Party representatives request permission to rent the ASBP's membership mailing list.
6. The Contracting Party understands that this rental is on a one-time basis only. The mailing list may not be utilized for any use other than as indicated below.
7. The intended use of this mailing list is _____

8. In consideration for the mailing list, the Contracting Party has enclosed payment in full.
(In the event the material attached is not deemed appropriate the payment will be returned.)

To be considered, the mailing piece you intend to distribute MUST accompany this form. ASBP reserves the right to approve the mailing prior to issuing the mailing list.

Contracting Party Signature _____ Date _____

ASBP Executive Director Signature _____ Date _____

Contact and Payment Information

Company Name _____

Contact _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please charge my: Visa MasterCard AMEX Discover

Card # _____ Expiration _____

Check enclosed. Please make checks payable to ASBP (US dollars). (Returned checks subject to \$25 handling fee, finance charges based on original amount due & applicable bank fees.)

Signature _____

Please mail form and sample mailing piece to:
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora CO 80014

New Advertiser & Exhibitor Application

Any company, agency or individual interested in exhibiting at an ASBP CME meeting or advertising in an ASBP publication FOR THE FIRST TIME must receive approval from the Exhibitor/Advertiser Review Committee. ASBP:

- Has final approval of all copy/statements attributed to, or using the name/reference to ASBP.
- Reserves the right to deny applicants who promote products or services which conflict with ASBP Position Statements.
- Reserves the right to deny applicants promoting membership in a competing organization.
- Reserves the right to deny applicants promoting CME opportunities that are in direct competition with ASBP's CME offerings.

Please print or type. Incomplete forms will not be processed.

Company Name _____

Contact Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Name of products/services: _____

I am most interested in: Exhibiting Advertising Both

1. What products/services do you wish to promote? Be specific. Include samples if applicable.

2. Does your product/service provide (check all that apply):

a. health or educational benefits? Yes No

If yes, please explain: _____

b. benefits to physicians who work with obese patients? Yes No

If yes, please explain: _____

3. Is your product/service part of a multi-tiered sales program? Yes No

4. Are you seeking to enlist distributors or to sell a franchise? Yes No

Note: If you answered yes to 3 or 4, we do not allow advertisers/exhibitors to promote these types of business plans.

5. Does your product/service require FDA approval? Yes No

If so, please submit evidence of FDA approval.

6. Can you ensure your company will not make degrading comparison statements about other products? Yes No

Please return via fax 303.779.4834, or mail to:
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora CO 80014