



**THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS  
MAILING LIST LICENSE AGREEMENT**

This agreement is made between the International Congress of Oral Implantologists (ICOI) and \_\_\_\_\_ (Licensee) for the licensing of the ICOI to Licensee of the right to make a **“one-time use”** of the ICOI’s membership list (labels/email file) subject to the following conditions:

- 1) Requests for labels/email file must be submitted on Company letterhead and must include the purpose of the labels/email file requests and a copy of the mailer (flier, brochure, postcard, etc.) to be sent to ICOI members and must be approved by the ICOI. Upon receipt of request, please allow 1-3 business weeks to process and forward.**
- 2) The mailing of labels/email file must not be used to distribute any mailing other than the one approved by the ICOI. Any deviation from the approved mailing will be considered a violation of the agreement.**
- 3) The ICOI reserves the right to deny approval of a mailing using its lists for any reason.**
- 4) Licensee may use the ICOI mailing labels/email file for one mailing only. Unauthorized use more than once carries a \$3,000 fine.**
- 5) Permission for the ICOI membership list is granted to the Licensee and cannot be duplicated, transferred or sold to a third party.**
- 6) Licensee may not distribute any materials with the ICOI’s name or logo or state/imply ICOI endorsement of the Licensee or its products or services.**
- 7) Payment must be received with the order or prior to processing the order.**

Violation of any of these conditions constitutes a breach of the agreement. For any violation, Licensee may be disqualified from licensing the ICOI membership list in the future and refused participation at ICOI symposia.

Please acknowledge your understanding of this agreement by completing the below information:

**Name of Licensee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Authorized Party:** \_\_\_\_\_

**Title/Name (print):** \_\_\_\_\_

**Name of Mailing House**

**Contact Phone # (if any)**

\_\_\_\_\_

\_\_\_\_\_



INTERNATIONAL  
CONGRESS  
OF ORAL IMPLANTOLOGISTS

**MEMBERSHIP LIST LICENSING FEES**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ICOI MEMBERS:**..... \$750.00

**NON-ICOI MEMBERS AND COMMERCIAL USE:**..... \$1,000.00

*Unauthorized use more than once carries a \$3,000 fine.*

**LIST OPTIONS:**

**Membership Categories** (check one or more):  Member  Non-Member  Commercial

**List Format:** Excel File (via email)

**Sequence** (check one):  Zip Code Order (US Only)  Alphabetical Order

**Special Selections** (check if applicable):  Selected States  Selected Countries  
 Other \_\_\_\_\_

**Payment Method** (Must be received prior to processing of order):

Credit Card:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please provide email address where order should be sent:** \_\_\_\_\_

**ICOI Headquarters, 248 Lorraine Avenue 2<sup>nd</sup> Floor, Upper Montclair, NJ 07043 USA**