



ASHE MAILING LIST RENTAL ORDER FORM

PLEASE ALLOW 5-7 DAYS FOR PROCESSING AND DELIVERY.

Name: _____

Organization: _____

Telephone: _____ Fax: _____

E-Mail: _____

Identify organization: Commercial/For-Profit Organization Non-Profit Organization

BILLING INFORMATION

Bill To: _____

All lists will be provided in Excel format and sent electronically.

LIST REQUIRED: All members Domestic members International members US & Canada only

<p>LIST RATES</p> <p>\$200 Commercial/For-Profit \$125 Commercial/Non-Profit \$60 Researcher (ASHE member only)</p>

MAIL, FAX, OR E-MAIL FORM TO
Association for the Study of Higher Education
4505 S. Maryland Pkwy.
Box 453002
Las Vegas NV 89154-3002
Phone: 702-895-2737
Fax: 702-895-4269
Email: ASHE@unlv.edu

PAYMENT METHODS:

Check VISA Master Card Discover American Express

Card Number: _____ Expiration Date: _____ (month/year)

Name of Cardholder: (Print) _____

(Signature) _____

Note: Please make check payable to ASHE. ASHE Federal ID #52-1071242.

I certify that the list will be used on a ONE-TIME use only and is to be used only to send material herewith submitted for review. A separate order form must be submitted for reuse of any list. I understand that list orders are seeded with decoy names to detect unauthorized use. If unauthorized use is detected, I understand that I will pay 10 times the value of the list or be subject to other disciplinary measures.

Signature _____