



SOCIETY OF TRAUMA NURSES

MAILING LIST RENTAL REQUEST

Name _____

Company/Institution _____

Address _____

City/State/Zip _____ Web Site _____

E-mail: _____ Phone: _____

Purpose and description of mailing (include sample) _____

I HAVE READ AND WILL ABIDE BY THE **STN LIST RENTAL RULES** _____ *initial here*

The STN list will be provided via e-mail as an Excel file. Send completed form, payment and sample mailing to: info@traumanurses.org or fax to 859-977-7441

PAYMENT INFORMATION

STN TAX ID# 52-1780525

PRICE: \$600 U.S.

Payment required before list will be sent. STN does not issue invoices for list rental.

TOTAL PAYMENT: \$ _____

Check in U.S. dollars enclosed. Make checks payable to **Society of Trauma Nurses**

Credit Card *Circle One:* MasterCard Visa American Express

Credit Card Number _____

Expiration Date _____ ZIP/Postal Code of Billing Address _____

Name on Card _____

Signature _____

STN Mailing List Rental Rules and Information

1. The STN list consists of members of the Society of Trauma Nurses, excluding those who have opted out of this list. The list includes name, title, institution (when provided to STN by the member) and mailing address (city, state, ZIP code). **No e-mail addresses are shared per STN policy.**
2. STN reserves the right to grant or refuse permission to use the List. List must be used within 30 days of delivery, for one-time use only.
3. Data may neither be entered into or maintained in a database for reuse nor transferred to another party.
4. List Renter agrees to indemnify and hold STN harmless from any and all claims, damages, losses or expenses, however incurred by the use of the List.
5. It is understood and agreed that the List has been and will be monitored to prevent improper and unauthorized use of the List by a combination of one or more methods of computer control and/or planted and/or varied names and addresses, to all of which the List Renter consents and agrees.
6. Unless specifically stated otherwise, STN does not endorse, approve, recommend or certify any products, processes, services or organizations. If materials will include a discount offer to those on the STN mailing list, the following disclaimer must be prominently displayed along with a description of the subject product or service:

This product or service is being made available to the members of the Society of Trauma Nurses (STN). STN makes no warranty, guarantee, or other representation, express or implied, with respect to the sufficiency or validity of the information provided regarding said product or service. Unless specifically stated otherwise, STN does not endorse, approve, recommend, or certify any products, processes, services, or organizations, and information provided herein regarding product or service should not be referenced in any way to imply such approval or endorsement.

7. Additional Information

The STN list contains approximately 1,100 names, of which 95% are U.S. addresses.

List renters may narrow their search by sorting and editing the list by state, ZIP code or job title.

This STN member list includes the following job functions:

- Academic/Educator
- Administrator
- Advanced Practice Nurse
- Clinical Nurse
- Clinical Nurse Specialist/Hospital Educator
- ICU/ED/OR Nurse
- Injury Prevention Coordinator
- Research Nurse
- Trauma Coordinator
- Trauma Program Manager
- Trauma Registrar