

**Ohio Chapter  
American Academy of Pediatrics  
Mailing List Request Form**

These lists are for one-time use only. THIS POLICY IS STRICTLY ENFORCED. These lists are updated periodically and they are generally not as accurate after their first use. Before the list will be released, the following signed statement must be returned to the OHAAP office by mail at 450 W. Wilson Bridge Rd., Suite 215, Worthington, OH 43085 or by Fax at 614-846-4025. All questions should be directed to Melissa Arnold at 614-846-6258.

Cost: \$.10 per name plus \$25.00 shipping and handling fee. List is printed on mailing labels for one time use.

By signing below, you agree to the following conditions: **I agree that the purchase of this mailing list is for a one-time use only. I understand that the addresses may NOT be entered into a database or copied for future use. I agree to be liable to the Ohio Chapter American Academy of Pediatrics in the amount of \$500.00 for breach of this agreement, said amount to be paid to OHAAP for each time I breach this agreement.**

---

Printed Name and Title of Authorized Agent

---

Address to which invoice should be mailed (including city, state and zip)

---

E-mail address

---

Phone

---

Purpose of Mailing List Purchase

---

Ohio Counties Requested (please list counties or write ALL for entire list)

---

Signature of authorized agent

Date

Return to: Ohio Chapter American Academy of Pediatrics  
450 W. Wilson Bridge Rd., Suite 215  
Worthington, OH 43085

