



## Mailing List Rental Order Form

Please complete **entire** form (two pages). Fields marked in **bold** must be filled out in order for us to fulfill your request. If you have questions regarding the form or the lists, please contact Member Services at (202) 478-4516, or by email at [membership@acte.org](mailto:membership@acte.org).

AACTE rents USPS lists only and does **not** rent member email addresses. Your list file will include the following fields: individual name, individual title, institution name, street address, city, state, zip code and country.

<b>List</b>	<b>Member Price</b>	<b>Non-member Price</b>	<b>Description</b>	Type or Write <b>X</b> Next to Desired List
<i>Chief Reps</i>	\$300	\$400	(~880 contacts) The Chief Representative is the individual designated by the institution as the primary contact for Association business. This individual is usually the dean, chair or head of the education department.	
<i>Institutional Reps</i>	\$375	\$500	(~3700 contacts) The Institutional Representatives are those individuals who receive publications and information from AACTE through their institution's membership but are not the primary contact for Association business. These individuals can include associate deans, division chairs, professors, or other educational personnel.	
<i>Presidents</i>	\$300	\$400	(~380 contacts) This list contains presidents of AACTE member institutions.	
<i>Teacher Ed Database</i>	\$450	\$600	(~17300 contacts) This list includes deans, chairs, presidents, provosts, professors, and other educational personnel from member institutions.	



## Billing Information

Name \_\_\_\_\_

Company/Institution \_\_\_\_\_

AACTE Member Institution (Y/N)?

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Purchase Order # \_\_\_\_\_

## Shipping Information

Name \_\_\_\_\_

Email \_\_\_\_\_

Deliver By \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Payment Information

Total Amount Due \$ \_\_\_\_\_

Payment Type \_\_\_\_\_ Check (enclosed) \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX

If you would like to pay via credit card, please provide us with the following information:

CC# \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

To pay by check, please make check payable to:

### American Association of Colleges for Teacher Education

To receive your list, please remit completed form and payment to:

**AACTE**  
**Attn: Member Services**  
**1307 New York Ave., Suite 300**  
**Washington, DC 20005**

or fax form with **credit card** payment information to:

**(202) 457-8095**  
**Attn: Member Services**