



**MAILING LIST LICENSE AGREEMENT**

It is the policy of the San Mateo County Dental Society (SMCDS) to license the use of our membership and/or event attendee Mailing List for a one-time use fee as long as the product or service is of interest / benefit to the membership. SMCDS reserves the right to refuse to license a Mailing List if it is not deemed to be in the best interests of our members. A sample of the Licensee's mailing must be provided along with this agreement for pre-approval by SMCDS. SMCDS may provide access to the specified Mailing List via Excel data file or broadcast email from our site with a link to Licensee's document posted on our website. Pre-printed Avery 5160-compatible labels are available for an additional \$20 fee. Discount pricing may apply as shown in the rate list below. SMCDS reserves the right to change its fee structure at any time.

This License Agreement is made on date indicated below between SMCDS, a California non-profit corporation, as Licensor and Licensee as identified below. Licensee shall indemnify and hold harmless Licensor, its officers, directors, employees and agents from and against any and all loss, cost (including attorneys' fees), damages, expense and liability (including statutory liability and liability under worker's compensations laws) in connection with claims for damages as a result of errors or omissions to the specified Mailing List or actions that arise as a result of Licensee's use of same.

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Licensee shall use the specified SMCDS Mailing List only for the purpose/s set forth in this document and for no other purpose without prior written consent of Licensor:

Please submit a sample of your mailing to *info@smcnds.com* or fax to 650.649.2980 along with payment and a signed copy of this Agreement.

**LICENSEE:**

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Company

\_\_\_\_\_  
City ST Zip

\_\_\_\_\_  
Phone / Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIFIED MAILING LIST**

- Active Members
- San Mateo County Non-Members
- Event Attendees Date/Time \_\_\_\_\_

**RENTAL RATE PER YOUR STATUS:**

	Electronic	Pre-Printed
<input type="checkbox"/> SMCDS Member .....	\$45.....	\$65
<input type="checkbox"/> CDA / ADA Member Non-SMCDS Member .....	\$65.....	\$85
<input type="checkbox"/> SMCDS Business Membership .....	\$100.....	\$120
<input type="checkbox"/> Dental/Medical - Non-SMCDS/CDA/ADA Member..	\$200.....	\$220
<input type="checkbox"/> Non-Dental/Medical Field .....	\$500.....	\$520

**PAYMENT METHOD**

**AMOUNT DUE \$** \_\_\_\_\_

Check attached  MasterCard  Visa **Amt \$** \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_