

Sigma Theta Tau International

Mailing List Rental and License Agreement Information

Sigma Theta Tau International is a seventy-eight year old honor society with a quarter-million inducted members. Its mission is to improve the health of people worldwide by improving nursing scholarship. Members include practicing nurses, instructors, researchers, policymakers, entrepreneurs and others.

Member Lists may be used for purposes that help fulfill the society's mission and vision.

Instructions:

1. Please complete the (1) license agreement and (2) mailing list order form. (Note: In order for Sigma Theta Tau International to process the request for the licensed use of Sigma Theta Tau Member List, the License Agreement must be executed by a duly authorized officer or representative of your organization).

2. Return the entire Order Form and License Agreement to Sigma Theta Tau International along with a sample mailing piece.

If proposal to use the Member List as indicated in the License Agreement is approved, the order will be processed and delivery of the list will be made within ten business days.

Payment: Once Licensor approves and executes this License Agreement, Licensor will send its Member List to Licensee upon receipt of full payment (by check or charge card) or with valid Purchase Order from established customers who shall be invoiced for the price of the Member List.

Format: Electronic ASCII file via email

Rates*: \$125/thousand (or fraction thereof); \$250 minimum
♦ Additional diskette--\$25.00

Special formatting: \$50 for Word or Access; \$50 for key coding within 10 business days

Delivery: \$50 express delivery (2 day)

Prices listed are per list usage. For more information, call 1.888.634.7575 (US and Canada) or +800.634.7575.1 (international) or email mailinglists@stti.iupui.edu

***Quoted prices in effect January 1, 2001**
(Prices are subject to change at any time at Licensor's discretion)

SIGMA THETA TAU INTERNATIONAL
LICENSE AGREEMENT

THIS LICENSE AGREEMENT is entered into by and between SIGMA THETA TAU INTERNATIONAL Honor Society of Nursing Inc. ("Licensor") and _____ ("Licensee") for the licensed use of Licensor's Member Lists by Licensee.

LICENSEE understands and agrees to the following terms and conditions:

1. Licensee is hereby granted a limited, non-exclusive license to use Licensor's Member List on a one-time basis only in the manner specified below in No. 8.
2. **Licensor's Member List are not to be used for market research, fund raising, promotion, solicitation of Licensor's members or otherwise, unless Licensor determines that it fulfills the mission/vision of Sigma Theta Tau International and/or its membership.**
3. Licensee agrees that the Member List will be used in the manner described by Licensee below and that the Member List will not be sold or given to any other person or organization, copied in any manner, put into a database, or otherwise used in a manner not authorized under this License Agreement. When Licensee has completed its one-time use of Licensor's Member List it shall destroy lists and any electronic computer files or electronic media containing the Member List information.
4. Licensor is not responsible for and does not warrant the accuracy or completeness of the Member List.
5. Licensee agrees to indemnify and hold Licensor, its employees and agents, harmless for any damages or claims arising out of Licensee performance or use of Licensor's Member List under this License Agreement.
6. Licensor retains ultimate authority over the use of Licensor's Member List and Licensor agrees to immediately stop the use of Licensor's Member List in the event Licensor requests such based on its determination that Licensee intends to sue or has used the Member List inappropriately, no longer has the ability to meet the standards of Section 2 above, or has otherwise violated this Agreement.*
7. Indiana law governs this License Agreement and the use of Licensor's Member List.

*Should Licensee fail to immediately stop the use of Licensor's Member List upon notification from Licensor or otherwise fail to comply with any other provision of this license agreement, Licensee agrees to pay Licensor as liquidated damages an additional license fee in the amount of Ten thousand and no/100 Dollars, (\$10,000.00) per month or part of a month of use after receiving such notification.

8. Licensee represents that its specific use of Licensor's Member List will be as follows:

Licensee attaches hereto a copy of the primary printed material, topics, lecture titles, names and credentials of education leaders and other promotional materials. Licensee shall provide Sigma Theta Tau International with the final printed program and such other contents in advance of the mailing and agrees to bear the cost of the list in the event approval is not given. Licensee shall not make any changes to said mailing without written approval from Licensor.

9. ANY ELECTRONIC MEDIA CONTAINING DATA RELATING TO THE MEMBER LIST IS PROVIDED "AS IS" AND LICENSOR MAKES NO REPRESENTATION OR WARRANTIES TO SUCH ELECTRONIC MEDIA OR THE DATA CONTAINED THEREON. FURTHERMORE, LICENSOR SHALL NOT BE LIABLE FOR ANY DAMAGES RESULTING FROM THE USE OF THE ELECTRONIC MEDIA.

Upon Licensor's receipt of this License Agreement executed by Licensee, Licensor will review same and, if Licensor approves Licensee's proposed use of its Member List, and if complete and accurate information is provided by Licensee, Licensor may execute this License Agreement in which time this License Agreement shall become effective between the parties.

Once Licensor approves and executes this License Agreement, Licensor will send its Member List to Licensee upon receipt of full payment (by check or charge card) or with valid Purchase Order from established customers who shall be invoiced for the price of the Member List.

This License Agreement becomes effective the _____ day of _____.

LICENSEE

LICENSOR

By: _____

By: _____

Title: _____

Title: _____

Organization: _____

Sigma Theta Tau International

Sigma Theta Tau International Mailing List Order Form

Sort By Five Categories

1. Highest Level of Education
2. Type of Position
3. Specialty Group
4. Workplace
5. State/Zip Code/Country/Territory

Include (check one): ___ U.S. Members Only ___ International Members Only
 ___ All Members ___ U.S. and Canada Only

If choosing from more than one category, please provide:

- Names that meet all criteria selected
- Names that meet any one or more of the criteria selected

Please circle the requested criteria below:

- | | |
|--|--|
| <p>1. <u>Highest Level of Education</u></p> <p>35,000 BS or BN</p> <p>29,000 Master's-Nursing</p> <p>11,000 Master's-Non-Nursing</p> <p>6,000 Doctorate-Non-Nursing</p> | <p>3. <u>Type of Position</u></p> <p>11,700 Administrative</p> <p>2,600 Consultant</p> <p>5,800 Supervisor/Coor.</p> <p>11,900 Faculty/Academic</p> <p>2,700 Head Nurse</p> <p>22,600 Staff Nurse</p> <p>7,300 Nurse Prac/Assoc</p> <p>5,100 Clinical Specialist</p> <p>3,500 Educator-Clinical</p> <p>1,050 Researcher</p> <p>700 School Nurse</p> |
| <p>2. <u>Specialty Group</u></p> <p>600 Anesthesia</p> <p>800 Midwifery</p> <p>6,000 Community Health</p> <p>4,000 Family Health</p> <p>4,100 Gerontology</p> <p>3,900 Maternal Health</p> <p>2,300 Women's Health</p> <p>8,500 Adult Health</p> <p>5,500 Child Health</p> <p>5,500 Mental Health</p> <p>6,850 Administration</p> <p>1,500 Research</p> <p>7,000 Education</p> <p>1,000 Managed Care</p> <p>500 Information Systems</p> <p>6,300 Critical Care</p> <p>2,100 Oncology</p> <p>1,130 Neonatal</p> <p>1,800 Emergency Room</p> | <p>4. <u>Workplace</u></p> <p>2,400 Self-Employed</p> <p>37,900 Hospital/Multi-Hospital System</p> <p>1,700 Nursing Home</p> <p>13,950 School of Nursing</p> <p>3,500 Home Care</p> <p>5,800 Ambulatory Care/Clinic/HMO</p> <p>450 Occupational Hlth.</p> <p>2,000 Public Health</p> <p>2,800 Gov. Agency</p> |

5. State/Zip Code/Country/Territory

Canada	1670	Kentucky	1652	Ohio	6213
Alaska	376	Louisiana	1838	Oklahoma	1071
Alabama	1810	Massachusetts	4892	Oregon	1025
Arkansas	877	Maryland	3183	Pennsylvania	8106
Arizona	1891	Maine	820	Puerto Rico	72
California	8200	Michigan	4768	Rhode Island	748
Colorado	1870	Minnesota	2289	South Carolina	1655
Connecticut	2295	Missouri	2384	South Dakota	440
Dist-Columbia	220	N. Mariana Is	3	Tennessee	2503
Delaware	533	Mississippi	1160	Texas	6683
Florida	4381	Montana	350	Utah	683
Georgia	3438	N. Carolina	3794	Virginia	3037
Guam	19	N. Dakota	579	Virgin Islands	11
Hawaii	587	Nebraska	1170	Vermont	301
Iowa	1581	New Hampshire	672	Washington	2322
Idaho	404	New Jersey	4224	Wisconsin	2061
Illinois	5286	New Mexico	526	West Virginia	776
Indiana	3595	Nevada	517	Wyoming	211
Kansas	1810	New York	8778		

By Zip Code(s) (Please Specify Ranges) _____

Other Countries: _____

Date Needed: _____

Keycode: _____

Sort Order (Check One):

___ Alphabetical Order

___ Zip Code Order

___ Other

How did you find out about our mailing list rentals?: _____

Contact /Billing Address:

Ship To (If different from contact address):

Name _____

Name _____

Organization _____

Company _____

Address _____

Address _____

Email Address _____

Email Address _____

Day Phone _____

Day Phone _____

Fax _____

Fax _____

PLEASE RETURN THE COMPLETED MAILING LIST RENTAL ORDER FORM, MAILING PIECE AND EXECUTED LICENSE AGREEMENT TO:

**Sigma Theta Tau International
Organizational Services Department
550 West North Street
Indianapolis, IN 46202
Fax: 317-634-8188
Phone: 317-634-8171**