

eConnections Blast Email Guidelines & Form

GUIDELINES FOR PURCHASING EMAIL ACCESS TO CNS MEMBERSHIP

► *Return of signed form and copy of text to be emailed required in advance of transmission.*

Two options available:

- **Meeting Registrants only** (\$3,500)
May include color logo, one graphic (.jpg), up to three embedded links (eg, company website, product website, email address). No attachments.
 - **CNS Members only** (\$2,500)
Text only. No graphics, logos, color, or attachments. Two embedded links (eg, one to website, one to email address).
1. Content to be emailed must be submitted to the CNS National Office for approval a minimum of 14 days before requested send date.
 2. CNS will send max of 3 eConnections per day; queue fills fast.
 3. Limit of one eConnections message per sponsor/exhibitor.
 4. Final eConnections send-date for Bronze & Silver Level Sponsor/Exhibitor: **October 9.**
 5. Final eConnections send-date for Gold & Diamond Level Sponsor/Exhibitor: **October 25.**
 6. Email addresses of CNS Members may not be collected for any purpose. CNS members will be promptly notified of any party violating this agreement and legal action will be taken on their behalf.
 7. A customized variation of the following disclaimer will appear with the email: **PLEASE NOTE:** *This email was sent to CNS members with the approval and cooperation of the Child Neurology Society. Official notice is hereby given that neither the email message itself, nor the (survey/clinical trial/publication) for which it solicits your (participation/ subscription/purchase) were prepared or financially supported by the Child Neurology Society, nor is any implication of the same intended by the (physicians/parties) listed above. A fee was paid to the Child Neurology Society for providing this email service.*

I am interested in purchasing a one-time blast email transmission of my message to all members of the Child Neurology Society or to Joint ICNA-CNS registrants. I agree to abide by the above guidelines. CNS will assign send-date based on Sponsor/Exhibitor level and receipt of payment. No eConnections will be sent until payment is received.

Today's Date

Name

Title

Representing

Email Address

I am interested in having an email sent to the full CNS membership for \$2,500 as per terms above.

I am interested in having an email sent to Joint ICNA-CNS registrants only for \$3,500 as per terms above.

Date Requested to Send Blast Email

PAYMENT INFORMATION (payment must accompany form)

Amount Enclosed/Approved US \$

Check #
Please make payment to "CNS Blast Email" and send "Attn: Kathy Pavel"

VISA MasterCard American Express Exp.

Card No.

Name as it appears on card

Authorized Signature

Please fill out, sign, scan and email as pdf, or mail to: Kathy Pavel (CNS, 1000 West County Rd E, Suite 290, St. Paul, MN 55126)
QUESTIONS: Contact Kathy Pavel | kmpavel@childneurologysociety.org | (651) 486-9447

CNS Tax ID: 23-7359775