Survey Email Distribution Request Form

For SAA members who want to email a survey to other SAA Members, the Academy will send this message free of charge. Only one email will be sent per survey and the email must be text only (no attachments). Requests should include this form, the text for the email and a link to your survey.

MESSAGE WILL NOT BE SENT UNTIL WE ARE IN RECEIPT OF THE ABOVE-MENTIONED MATERIALS. APPROVED MATERIALS WILL BE KEPT ON FILE.

NOTE: The Academy will NOT be responsible for the data collection, click-through statistics, or response rates of approved surveys and approved requests will be kept on file.

Mail:

American Academy of Audiology Attn: Rachael Sifuentes 11480 Commerce Park Drive Suite 220 Reston, VA 20191 Survey Information

Fax:

703-790-8631

Online:

saa.audiology.org

Questions?

Contact **Rachael Sifuentes** at 703-226-1048 or email rsifuentes@audiology.org

RDER DATE	
HDER DATE	
Category (ple	ase check one)
Entire SAA M	embership (includes undergraduates, domestic and international)
Exclude Und	ergraduate members
Domestic On	у
Domestic and	Canadian Only
State(s)	
Zip Code Rar	ge: to
Other	

Personal Information			
FIRST NAME	LAST NAME		ACADEMY ID
ADDRESS			
CITY	STATE	ZIP	
UNIVERSITY			
TELEPHONE		FAX	
EMAIL			
SUBJECT LINE FOR EMAIL MESSAGE			

Office Use Only Based on your criteria, Academy staff will provide the number of names found and will notify the applicant. Number of names found: ______.

