

**NAID 2003 Information
Destruction Industry
Survey Report Release
(N03IDISR)**

RELEASE AND AGREEMENT
NAID Form N03IDISR
Description/Instructions:
This form must be executed by any person or company that would like to receive the 2003 Information Destruction Survey results.

Submission Information:
Mail to: NAID
3420 E. Shea Blvd. #115
Phoenix, AZ 85028
Fax to: (602) 788-4144
(USA Country Code: 01)

Person Requesting the Report: _____ Title: _____

Company Name of Requestor: _____

Address: _____

E-mail: _____ Phone: _____ Fax: _____

Please Check One (as appropriate):

- NAID Active or Franchise Member who **DID** fully respond to the NAID Industry Survey and as a result is due **1 complimentary copy** of the Survey Results and can purchase additional copies at \$100.
- NAID Active or Franchise Member who **DID NOT** fully respond to the NAID Industry Survey and wish to purchase the Survey Results for \$100 per copy.
- NAID Associate Member and wish to purchase the Survey Results for \$100 per copy.
- NOT a NAID Member and wish to purchase the Survey Results for \$525 per copy.

Fee Calculation: Please send _____ copy(ies) of the Survey Results at \$ _____ each. Total Enclosed \$ _____

Release/Use/Non-Disclosure/Copyright Agreement *(Must Initial and Sign)*

INITIAL EACH

_____ I/We understand and agree that the NAID Industry Survey and the information contained therein are the sole property of NAID and that NAID reserves all rights of such ownership.

_____ I/We understand and agree that I as an individual and/or the firm I represent will not reproduce or replicate the NAID Industry Survey Results or any of the data therein, either in part or in whole for any purpose, including for distribution to any third party or agent outside of our company.

_____ I/We understand and agree that I as an individual and/or the firm I represent will not reference the NAID Industry Survey Results or any of the data therein, either in part or in whole for any purpose, including for purposes of advertising or promotion without the advanced written consent of NAID management.

_____ I/We understand and agree that the results of the NAID Industry Survey are being provided, sold or given to me and/or the firm I represent exclusively for internal analysis only, and further that NAID would not be providing me/us access to the Survey Results without the commitment to use it as described herein.

_____ I/We understand and agree that I as an individual and/or the firm I represent will by no means make the NAID Industry Survey Results or any of the data therein, available or accessible to any person or institution without the prior written consent of NAID management.

_____ I/We understand and agree that if I as an individual and/or the firm I represent in anyway violate the conditions of this release, I/we will be subject to both the judgments and penalties of NAID, including expulsion from the association and/or fines, as well as criminal and civil prosecution to the fullest extent of the law.

Signed: _____ Date: _____

For (company): _____

Payment is by:

Enclosed Check (Payable to "NAID") Check No.: _____ Amount Enclosed/Approved: \$ _____

Mastercard, Visa, AmEx (Circle one): Acct. No.: _____ - _____ - _____ - _____ Expires (mo/yr): ____/____

Name on Card: _____ Signature: _____