

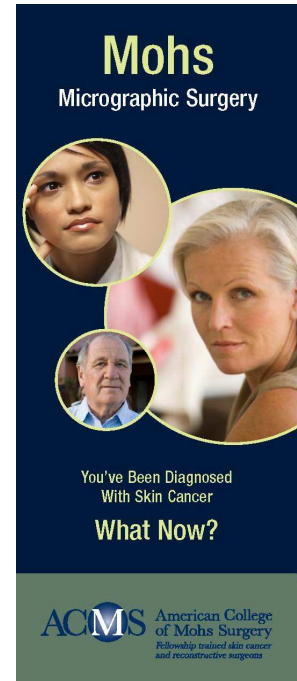
Patient Education Pamphlet Order Form

What Now? Mohs Micrographic Surgery

- All orders **MUST** be prepaid
- **PHYSICIAN MEMBER'S NAME** must be included to receive the member price.
- Allow 4 – 6 weeks for delivery.
- All orders will be shipped via UPS.
- Price includes shipping (except for order outside the contiguous United States).
- Pamphlets are available in English and Spanish.
- Pamphlets are sold in packages of 50.

Quantity	Member Price	Non-Member Price
1 - 9 packages	\$31.00 per package	\$56.00 per package
10 - 19 packages	\$30.00 per package	\$54.00 per package
20 or more packages	\$29.00 per package	\$52.00 per package

PLEASE CHECK Member Non-Member
ALL THAT APPLY: 1st Time Order Reorder New Address



<p>SHIP TO: (Please type or print clearly)</p> <p>Physician's Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City/State: _____</p> <p>Country: _____</p> <p>Zip/Postal Code: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Number of packages English \$ _____</p> <p>Number of packages Spanish \$ _____</p> <p>TOTAL # OF PACKAGES \$ _____</p> <p>SHIPPING FEE \$ _____ <i>(for orders outside the contiguous U.S., please add \$20.00)</i></p> <p>TOTAL COST OF ORDER \$ _____</p> <p><i>If paying by check, make payable in U.S. dollars to: American College of Mohs Surgery (ACMS)</i></p> <p><i>If paying by credit card: (please type or print clearly).</i> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express</p> <p>Card Number: _____</p> <p>Expiration Date: _____</p> <p>Name of Cardholder: _____</p> <p>Signature: _____</p>
--	--

FAX OR MAIL ORDER FORM TO:
 American College of Mohs Surgery
 555 East Wells Street • Suite 1100 • Milwaukee, WI 53202-3823 USA
 Telephone: 800-500-7224 / 414-347-1103 • Fax: 414-276-2146