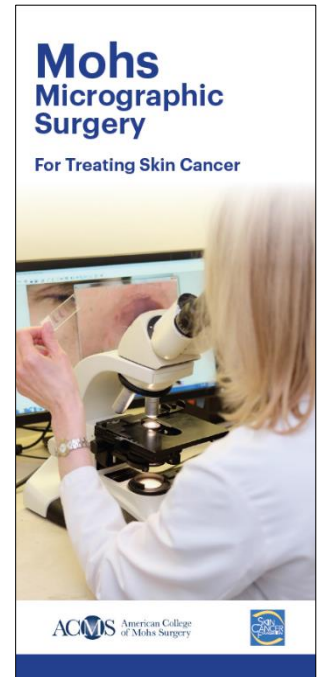


## Patient Education Pamphlet Order Form

### Mohs Micrographic Surgery for Treating Skin Cancer

- All orders **MUST** be prepaid
- **PHYSICIAN MEMBER'S NAME** must be included to receive the member price.
- Allow 3 weeks for delivery.
- All orders will be shipped via UPS.
- Price includes shipping (except for orders outside the contiguous United States).
- Pamphlets are available in English and Spanish.
- Pamphlets are sold in packages of 50.
- For expedited shipping, please call the ACMS office at (800) 500-7224 or (414) 347-1103.

Quantity	Member Price	Non-Member Price
1 - 9 packages	\$33.00 per package	\$58.00 per package
10 - 19 packages	\$32.00 per package	\$56.00 per package
20 or more packages	\$31.00 per package	\$54.00 per package



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

<p><b>SHIP TO:</b> (Please type or print clearly)</p> <p>Company/Facility: _____</p> <p>Physician's Name: _____</p> <p>Address: _____ _____</p> <p>City/State: _____</p> <p>Country: _____</p> <p>ZIP/Postal Code: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">#</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td><b>Number of packages English</b></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><b>Number of packages Spanish</b></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><b>TOTAL # OF PACKAGES</b></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><b>SHIPPING FEE</b></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td colspan="3"><small>Shipping orders outside of the contiguous U.S. will be billed at cost. Purchaser will be notified of shipping charge before order is processed.</small></td> </tr> <tr> <td><b>TOTAL COST OF ORDER</b></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td colspan="3"><b><i>If paying by check, make payable in U.S. dollars to: American College of Mohs Surgery (ACMS)</i></b></td> </tr> <tr> <td colspan="3"><b><i>If paying by credit card: (please type or print clearly).</i></b></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> American Express</td> </tr> <tr> <td>Card Number:</td> <td colspan="2">_____</td> </tr> <tr> <td>Expiration Date:</td> <td colspan="2">_____</td> </tr> <tr> <td>Name of Cardholder:</td> <td colspan="2">_____</td> </tr> <tr> <td>Signature:</td> <td colspan="2">_____</td> </tr> </tbody> </table>		#	Total	<b>Number of packages English</b>	_____	\$ _____	<b>Number of packages Spanish</b>	_____	\$ _____	<b>TOTAL # OF PACKAGES</b>	_____	\$ _____	<b>SHIPPING FEE</b>		\$ _____	<small>Shipping orders outside of the contiguous U.S. will be billed at cost. Purchaser will be notified of shipping charge before order is processed.</small>			<b>TOTAL COST OF ORDER</b>		\$ _____	<b><i>If paying by check, make payable in U.S. dollars to: American College of Mohs Surgery (ACMS)</i></b>			<b><i>If paying by credit card: (please type or print clearly).</i></b>			<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			Card Number:	_____		Expiration Date:	_____		Name of Cardholder:	_____		Signature:	_____	
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**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