

To order mailing labels, print out and complete this form, and fax or mail it to ASMA

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

LABEL ORDER FORM

Please TYPE or PRINT. Include a **phone number** in case there is a question about your order.

*****IF YOU ARE A MEMBER OR ARE ORDERING FOR A MEMBER: BE SURE TO WRITE MEMBER PHYSICIAN'S FULL NAME SO WE CAN VERIFY THAT THEY ARE INDEED A CURRENT MEMBER.*****

Date _____

MEMBER PHYSICIAN (IF APPLICABLE): _____

NAME/COMPANY/FACILITY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME & PHONE # OF PERSON PLACING ORDER: _____

In the space below, please tell us exactly what information you would like in your order. We only provide information for MD/DO's however; we can break down by specialty, city, and a variety of other variables. Please specify if you'd like the labels in a particular order as well.

Price:

Member	\$50.00
Non-Member	\$100.00
P&H (if applies)	\$5.50

Total Amt: _____

Please indicate payment below. **We now accept all major credit cards**

Check enclosed: # _____.

Card # _____ Exp. Date _____ CVS Code _____

Signature _____

Billing Email Address: _____