

AMERICAN ACADEMY OF PAIN MANAGEMENT

Order form

Pain Program Accreditation Manual

Name _____ Date _____

Name of Facility _____

Physical Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Pain Program Accreditation Manual	Quantity	Price	Total
Members		\$50.00	
Non-members		\$60.00	
Applicable California Tax <i>(residents only)</i>			
Shipping & Handling			\$5.00
Total			

Payment:

Enclosed is my check or money order payable to AAPM *(US funds only)*

Please charge to: Visa MasterCard

Card# - - - Expiration Date _____

Signature _____

