

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		\$250.00	
Non-members		\$250.00	
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)*

Mastercard Visa American Express Discover

Card# - - - Exp Date _____
 Verify code _____

Signature _____

