

# 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: \_\_\_\_\_