

Alaska State Medical Association

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

Electronic Information File Order Form

Please TYPE or PRINT NEATLY. 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: _____

COMPANY NAME & EMAIL ADDRESS OF PRINTING/MAILING SERVICES BEING USED:

Please sign the attached agreement. Your order **WILL NOT** be processed unless the agreement is signed! Your order will only be sent to the printer/mailer of your choice to ensure the list is destroyed after use. You will receive a list of names and cities the addresses will be sent to.

In the space below, please tell us exactly what information you would like in your file: i.e. addresses for all MDs/DOs statewide, or... a list of all MDs/DOs in Anchorage who specialize in Family Practice and Pediatrics.....

Price:

Member	\$75.00
Non-Member	\$250.00

Total Amt: _____

Payment: Please indicate payment type below. We cannot bill for this service. Payment must be processed and accepted PRIOR to receiving your order. We accept all major credit cards.

Check enclosed: # _____.

Card # _____ Exp. Date _____ CVS Code _____

Signature _____

Billing Email address _____

