

Alaska State Medical Association

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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. All orders are shipped via USPS.

Price:	
Member	\$60.00
Non-Member	\$110.00
Total Amt:	_____

Please indicate payment below. We now accept all major credit cards	
Check enclosed: #	_____.
Card #	_____ Exp. Date _____ CVS Code _____
Signature	_____
Billing Email Address:	_____