



2813 S. Hiawassee Rd., Suite 206
Orlando, FL 32835-6690
Ph 407-521-5789 Fax 407-521-5790
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Operations Manual Template Order Form

CONTACT INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____ Fax: _____

Email: _____ Web: _____

BILLING INFORMATION

Include a corporate check payable to the AAUCM or pay by credit card:

Account number: _____ Exp. Date: _____

CVC/CVV2 Number _____ (AmEx: 4 digits on front of card, Visa, MC, Discover: 3 digits on back of card)

Name on card (please print): _____

Cardholder signature: _____

Price: \$400 (For Urgent Care Centers in the Accreditation process, the price is \$200; include this order form with your Accreditation application)

Send completed form (with payment) to:

by mail to:

Cari Withrow
American Academy of Urgent Care Medicine
2813 S. Hiawassee Rd., Suite 206
Orlando, FL 32835-6690

By fax to:

407-521-5790

By email to:

cwithrow@aaucm.org