

Name of Class _____ Class Date _____

WEBINAR? Y N list attendee email address: _____

Attend in person? Y N Attendee Name & Title _____

Phone Number _____ Fax Number _____

Physician Member Name _____ \$\$ Amount _____

Visa, M/C, AMEX, Discover _____ - _____ - _____ - _____ Expiration Date ____ / ____

Name on Card (Please Print) _____

Arizona Medical Association direct fax: (602) 246-1161

(Beverages and snacks served at meetings.)

Questions? Call Shari Robinson @ 602-347-6914 or email: srobinson@azmedassn.org

