



**National Association for Ambulatory Care  
Bill's Book: Developing Urgent Care Centers  
Order Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**» Ship To**

Address below is:  Business Address  Residential Address

Name:  Position:

Company/Center:

Address:

Address #2:

City, State & Zip:

Email:

Phone:  Fax:

**» Membership Information**

Name Member:

If you are not currently a member and would like to join NAFAC (members receive *Bill's Book* at the member rate, see below), please complete the Membership Application Form on page 2 in addition to this Order Form.

**» Order Information**

	Price	Quantity	Total
Bill's Book - Member	1,250.00		
Bill's Book - Non-Member	1,500.00		
Standard Shipping (5-7 business days)	50.00		
Overnight Shipping	100.00		
Individual NAFAC Membership	150.00		
Corporate NAFAC Membership	300.00		
		<b>TOTAL:</b>	

**» Credit Card Information (or make checks payable to NAFAC)**

Type:  Visa  MC  Discover **We do not accept American Express**

Card Number:  Expiration: (mm/yy)

Name on Card:  Card Sec#

Please mail completed form with payment to: NAFAC, Attn: Bills Book, 5396 Ashcroft Road, Minnetonka, Minnesota 55345



## National Association for Ambulatory Care

### Membership Application

Please check one: New Membership  Renewal

#### » Member Information

Name:	<input type="text"/>	Position:	<input type="text"/>
Company/Center:	<input type="text"/>		
Address:	<input type="text"/>		
Address #2:	<input type="text"/>		
City, State & Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	Web Site:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>

#### » NAFAC Web Site Login (Please designate your preference)

Username:	<input type="text"/>
Password:	<input type="text"/>

#### » Center Information

# of Centers:	<input type="text"/>
Type of Membership:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate
	<ul style="list-style-type: none"><li><input type="radio"/> <b>Individual Membership - \$150.00</b>- Any individual person.</li><li><input type="radio"/> <b>Corporate Membership - \$300.00</b> - Corporate members may designate up to three additional individuals as members (photocopy this form for additional members).</li></ul>

#### » Credit Card Information (or make checks payable to NAFAC)

Type:  Visa  MC  Discover **We do not accept American Express**

Card Number:	<input type="text"/>	Expiration:(mm/yy)	<input type="text"/>
Name on Card:	<input type="text"/>	Card Sec#	<input type="text"/>

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