



NATIONAL ASSOCIATION
FOR AMBULATORY CARE

15th Edition 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 15th Edition* 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	750.00		
Bill's Book - Non-Member	1,150.00		
Standard Shipping (5-7 business days)	45.00		
Overnight Shipping	75.00		
Individual NAFAC Membership	150.00		
Corporate NAFAC Membership	300.00		
		TOTAL:	

» 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, 18870 Rutledge Road, Minneapolis, MN 55391.



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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"><input type="radio"/> Individual Membership - \$150.00- Any individual person.<input type="radio"/> Corporate Membership - \$300.00 - Corporate members may designate up to three additional individuals as members (photocopy this form for additional members).

» 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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