

PRODUCT ORDER FORM

To place an order, please complete this form and return it with your check, money order or credit card information. All fees must be paid in U.S. dollars. Check or money order must be made payable to Inteleos.

Fax this form to: (301) 576-3742, ATTN: Accounting, or mail this form to: ARDMS, ATTN: Accounting, 1401 Rockville Pike, Suite 600, Rockville, MD 20852-1402.

The certificate will be printed under the Registrant's full, legal name of record as it is currently reflected with the ARDMS as well as his/her assigned ID number.

If there has been a name change, please follow the name change procedure at ARDMS.org/NameChange. Please allow 2-3 weeks for processing and delivery.

Purchaser Name:			
Registrant Name:	ID #:		
Mail To:			
City:	State:	Zip Code:	
Home Phone:	Ce	ll Phone:	
E-mail:			
Certificate (\$10 each)		Patient Brochure (\$10 per 100)	
Quantity		Quantity	
RDMS		100	
RDCS		200	
RVT		300	
RMSKS			
	Num	ber of Items Ordered:	
		Sub Total: \$	
	MD reside:	nts add 6% sales tax: \$	
		Total Amount Due: \$	



Payment Type:								
$\mathbf{Master}\mathbf{Card}\Box$	VISA □	American Express \square	Discover \square	Check \square	Money Order \Box			
Card #:		/	/		/			
Expiration Date (mm/yy): /								
Cardholder Name:								
Cardholder Signa	ature:					-		

ARDMS insignia products, including certificates are only to be purchased for and utilized by those individuals who are active ARDMS Registrants. Orders for ARDMS insignia products submitted by someone other than a Registrant must include the name and ID Number of the intended product recipient, who must be an ARDMS Registrant (this excludes Patient Brochures). In addition, it is responsibility of the part of parties ordering the ARDMS insignia products to ensure that all individuals wearing such products are active ARDMS Registrants. ARDMS credentials can be verified online by accessing the ARDMS Registrant Directory at ARDMS.org.

All ARDMS products are strictly prohibited for resale.