

47th Annual Meeting • July 24 - 28, 2005 • Seattle, WA

MAILING LIST ORDER FORM

Date: _____

No. of Uses _____ (\$300 per use)

File format:	<input type="checkbox"/> ASCII Tab	<input type="checkbox"/> ASCII Comma/Quote	<input type="checkbox"/> Excel 95
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Ship To	Name:	Bill To	Name:
Company:		Company:	
Street:		Street:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	

I hereby agree that I and/or the company I represent will use this list for no other purpose than the mailing represented by the attached sample(s) and no more than the number of times indicated on this order form.

Signed: _____ Date: _____
Printed Name: _____
Title: _____
Company: _____

Special Instructions	

AAPM use only:
ID _____ CA _____ CO-NP RT _____ QT _____ NO _____ ST _____ RU _____ SH _____ TO _____ DT _____

Upon completion of this form, please return via fax to:

**Nikki Williams
AAPM**

301-209-0862

DEADLINE DATE: JUNE 7