



2008 Challenges In Pain Management-DVD Order Form

Date: _____

Physician's Name: _____

Mailing Address (No P.O. Boxes): _____

City, State, Zip _____

ALL ORDERS MUST BE PREPAID!
Please be advised that all necessary paperwork (included in with your DVD) must be completed and submitted to the OMA within 45 days of the date your DVD is mailed to you.

	<u>Price</u>	<u>Select OMA/Non-OMA</u>
OMA Member Price	\$250.00	_____
Non-OMA Member Price	\$525.00	_____

** Price includes shipping & handling*

Check one: _____ Check _____ Mastercard _____ Visa _____

Account Number: _____ Exp. Date: _____

Name on Card: _____

_____ \$ _____

Cardholder Signature _____ Amount

Return form with check or credit card information to:

Oregon Medical Association **OR** Fax #: 503-619-0609
 Attn: D'arcy Renhard
 11740 SW 68th Parkway, Suite 100
 Portland, OR 97223

For OMA use only:

Member #: _____

Received: _____

S/O: _____