



ABPM

**The American Board
of Podiatric Medicine**

MANUAL VERIFICATION ORDER FORM

*******Please complete this form in its entirety to ensure timely delivery*******

I. Annual Subscriptions

| | | |
|--|----------|------|
| Annual Subscriptions | Quantity | Fees |
| Web Site Access Keys: @ \$350 each | | |
| (enter quantity only, fees are auto-calculated): | | |

II. Individual Verifications

| | | |
|---|----------|------|
| Individual Verifications | Quantity | Fees |
| 1-to-5 @ \$35 each (enter quantity only): | | |
| 6-to-10 @ \$30 each (enter quantity only): | | |
| 11 or more @ \$27 each (enter quantity only): | | |

Total verifications:

Please enter the names of doctors for whom you wish to receive verification:

III. Credit Card Billing Information

First Name:
 Last Name:
 Organization:
 Address:
 City:
 State:
 Zip Code:
 Phone:
 Fax:
 E-mail:
 Credit Card Number:
 Expiration Date (mm/yy):
 CVV:

IV. Shipping Information (If different from above)

First Name:
 Last Name:
 Company:
 Address:
 City:
 State/Province:
 Zip Code:
 Country: