



THE AMERICAN BOARD OF
VENOUS & LYMPHATIC MEDICINE

Certification Certificate Order Form

Send via **air** or **overnight** for

Mail to: ABVLM, 781 Beach St., Suite 302
San Francisco, CA 94129

Name of Physician: _____

Contact Name (if applicable): _____

Address: _____

City: _____ State/Prov: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Print name EXACTLY as it is to appear on the certificate, with any appellations (MD, DO, etc.):

Printing of (choose one):

	Quantity	Unit Price	TOTAL
<i>Current</i> Year Certificates (passed in the immediate year – contact HQ if questions)		\$15.00	\$
<i>Prior</i> Year Certificates		\$35.00	\$
SUBTOTAL			\$

California Sales Tax

CA Local Tax Rate

CA Sales Tax (applies only to CA order) – Enter your local Sales Tax	%	\$
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Plus Shipping/Handling:

Domestic (USA): 1 – 3 certificates	\$10	\$
Domestic (USA): 4 or more certificates	\$20	
International (Canada): 1 – 3 certificates	\$30	
International (Canada): 4 or more certificates	\$40	
TOTAL PRINTING, TAX & S/H PAYMENT DUE:		\$

Certificates will be mailed to contact name and address as provided above. Please allow 4 weeks for delivery.

Please complete a separate form for each mailing address.

Payment Information (in US Dollars only):

Check Enclosed – Please make check payable to: **ABVLM**

Credit Card Payment - Please fill-in a valid Email address for billing via credit card.
You will be emailed an invoice from the ABVLM for online remittance, after which your order will be placed.

Email for CC billing: _____

We do **not** accept credit card information via email, due to security risks.