



Secure Fax #: (209) 644-7688 or

Mail to: ABVLM, 781 Beach St, San Francisco, CA 94109

THE AMERICAN BOARD OF
VENOUS & LYMPHATIC MEDICINE

Certification Certificate Order Form

Name of Physician: _____

Contact Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

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	Amount	= TOTAL
Current Year Certificates (passed in the immediate year – contact HQ if questions)		x \$15 =	\$
Prior Year Certificates		x \$35 =	\$
SUBTOTAL			\$

California Sales Tax	Local Tax Rate
CA Sales Tax (applies only to CA order) – Enter your local Sales Tax	% x = \$

Plus Shipping/Handing:	(choose one)		
DOMESTIC (USA) 1 – 3 certificates	<input type="checkbox"/>	\$10	\$
DOMESTIC (USA) 4 or more certificates	<input type="checkbox"/>	\$20	
INTERNATIONAL (Canada) 1 – 3 certificates	<input type="checkbox"/>	\$30	
INTERNATIONAL (Canada) 4 or more certificates	<input type="checkbox"/>	\$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 checks payable to: **ABVLM**

OR Credit Card Type: VISA MasterCard American Express

Credit Card Number _____ Exp Date _____ CVC Code _____

Cardholder' Name _____

Card Billing Address _____

Cardholder's Signature _____ Date _____

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