



THE AMERICAN BOARD OF  
VENOUS & LYMPHATIC MEDICINE

# Certification Certificate Order Form

Send via Secure Fax #: (209) 644-7688 or

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
Current Year Certificates (passed in the immediate year – contact HQ if questions)		\$15.00	\$
Prior Year Certificates		\$35.00	\$
SUBTOTAL			\$

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

Plus Shipping/Handing:		
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	\$
<b>TOTAL PRINTING, TAX &amp; S/H PAYMENT DUE:</b>		<b>\$</b>

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 Pay by Credit Card: Visa MasterCard American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

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