



2015 EHR Customer Satisfaction Survey Order Form

ASOA/ASCRS Member price \$79.00

Nonmember \$159.00

Member # _____

Quantity _____

Total Due _____

Select One: Hard copy

E-mail PDF

Last Name	First Name	MI
Practice Name/Company Name		
Billing Address		
City	State	Zip
Country	Phone	E-mail

Method of Payment:

CHECK Please make check payable to: ASOA

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Acct. Number: _____

Expiration Date: _____ CVC Code: _____

Name on Card: _____

Signature: _____

(please initial) _____ I understand these materials are copyrighted and are not available for distribution.
Please allow 48 hours for payment and order to be processed.

Return form to: Susan Younker • susan@asoa.org • Fax (703) 547-8827
4000 Legato Road, Suite 700 • Fairfax, Virginia 22033-4055