



Medical Practice Advocacy

Compliance: The Foundation of a Successful Practice

Cost: \$50.00 per set (includes Shipping & Handling)

Practice Information

Contact Name: _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Payment Method

Number of sets: _____

Check payable to the "Colorado Medical Society" or "CMS" is enclosed with this form

OR

Visa MasterCard AmEx Amount: \$ _____

Card Number: _____ Exp: _____

Complete Billing Address: _____

Cardholder Name: _____

Authorized Signature: _____

Faxed copies of this form will be accepted if you are paying with a credit card.

Please print, sign if paying by Credit Card & mail or fax this form with payment to:

Colorado Medical Society

Attn: Sandy Page

7351 E Lowry Blvd

Denver, CO 80230

Phone: 720-858-6321

Fax: 720-859-7509



COLORADO MEDICAL SOCIETY

"Advocating excellence in the profession of medicine."