



American Board of Urgent Care Medicine

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abucm.org

Developing an Urgent Care Center Order Form

CONTACT INFORMATION

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **ZIP** _____

Phone: _____ **Fax:** _____

Email: _____ **Web:** _____

Price: \$750

Include a Check payable to **American Board of Urgent Care Medicine (AAUCM)** or pay by Credit Card:

Account number: _____ Exp. Date: _____ CVC/CVV2 Number _____

Name on card (please print): _____

Cardholder signature: _____

Billing address: _____

(if different from address above)

Send completed form (with payment) by mail to:

Cari Withrow
American Board of Urgent Care Medicine
2813 S. Hiawassee Rd., Suite 206
Orlando, FL 32835-6690

by email to:

cwithrow@abucm.org

by fax to:

407-521-5790