

Purchase Order

Academy of Clinical Electrophysiology
and Wound Management, APTA

1111 North Fairfax Drive
Alexandria, VA 22314
800/999-2782 ext. 3237

Today's Date: _____

Purchaser's Information

Name: _____

Address: _____

Phone: _____

Email: _____

Purpose: _____

QTY.	DESCRIPTION	UNIT PRICE	TOTAL
1	Mailing list of Academy Members contains names and addresses only, and is provided by email as an excel file	\$150.00	\$150.00
TOTAL DUE			\$150.00

PLEASE INCLUDE DUPLICATE INVOICE WITH PAYMENT

PAYMENT IN U.S. DOLLARS ONLY

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PAYMENT: Amount paid: \$_____

Check Number: _____

Please make your check payable to Academy of Clinical Electrophysiology and Wound Management mailed to the address above and include a copy of this invoice with your payment.

Thank you