

Participant	Bill To (If Different)
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ ZIP _____	State _____ ZIP _____
Phone _____	Phone _____
Email _____	Email _____

Complete one Order Form per participant:

Scan and send to info@pmimd.com or Fax to: 210-691-8972

Item #	Product ID	Product Description	Amount
1			
2			
3			
4			
Total			
Applicable Discounts			
Balance			

Form of Payment _____ Check One:

- Invoice
- Check (Make Payable to Practice Management Institute)
- Credit Card

Card Holder _____

Account # _____

Exp Date _____

Zip Code _____

Security Code _____

