

2020 virtual Update Course in Clinical Tropical Medicine and Travelers' Health

On-Demand Order Form

Return order form with payment to:

ASTMH, 241 18th Street South, Suite 501, Arlington, VA 22202
 FAX: +1-571-351-5422
 Email: bfinn@astmh.org

NAME _____

ADDRESS _____

CITY/STATE/ZIP/COUNTRY _____

PHONE _____

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On-Demand Fees:

Member	\$300
Nonmember	\$400
Student/Trainee/Resident/Fellow	\$175

Payment Method (check one):

Check Enclosed (payable to ASTMH) ___ VISA ___ MasterCard ___ Amex ___ Discover ___

Amount Due _____

Account Number _____

Expiration Date _____

Cardholder Name _____

Questions? Contact Buffy Finn, Manager, Membership:

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