

# Audio Digest Foundation CME Order Form

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Audio Digest Subscription	MMCMS Member	FMC Member (not MMCMS)	Total
One Year	\$25.00	\$50.00	
Two Years	\$50.00	\$100.00	

**Payment may be made with check (payable to MMCMS),  
VISA, Mastercard or American Express.**

**Please remit this form and payment to:**



2848 Park Avenue, Suite C | Merced, CA 95348

T (209) 723-2976 | F (209) 723-8371

[www.mmcms.org](http://www.mmcms.org)

Name on Card: \_\_\_\_\_

VISA/MC/ AMEX# \_\_\_\_\_ EXP: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Note: this item will be listed as Tulare County Medical Society on your credit card statement.

**Please DO NOT contact or mail to Audio Digest Directly. Please contact MMCMS.**