AAPM&R SELF-DIRECTED PHYSIATRIC EDUCATION PROGRAM

RUSH ORDERS ONLY (UP TO 4 STUDY GUIDES)

2009 INDIVIDUAL STUDY GUIDE ORDER FORM

Earn up to 30.0 *AMA PRA Category 1 Credit(s)*™ for each eligible* Study Guide/Self-Assessment Exam (SAE-P) Program

AAPM&R is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing Medical education for physicians.

***Category 1 credit may be obtained for up to 3 years from the date of publication.** The 2000-2006 SAE-Ps are no longer eligible for CME credit.**

JOURNAL VERSION PRODUCT DESCRIPTION	Member Price	Non-Member Price	No. Copies	Total Price
2009 Rehabilitation of Stroke and Neurodegenerative Disorders/Sports and Performing Arts Medicine	$30 each	$60 each		
2008 Congenital and Acquired Brain Injury/Interventions in Chronic Pain Management	$30 each	$60 each		
2007 Industrial Medicine/Acute Musculoskeletal Rehabilitation/Spinal Cord Injury Medicine	$30 each	$60 each		
2006 Limb Deficiency/Prosthetic Management and Cardiopulmonary Rehabilitation/Cancer Rehabilitation	$30 each	$60 each		
2005 Neuromuscular Rehabilitation/Electrodiagnosis and Rehabilitation of Orthopedic/Rheumatologic Disorders	$30 each	$60 each		
2004 Geriatric Rehabilitation- BONUS ISSUE	$15 each	$30 each		
2004 Stroke/Neurodegenerative Disorders and Sports/Performing Arts Medicine	$15 each	$30 each		
2003 Congenital/Acquired Brain Injury and Interventions in Chronic Pain Management	$15 each	$30 each		
2002 Industrial Medicine/Acute Musculoskeletal Rehabilitation and Spinal Cord Medicine	$15 each	$30 each		
2001 Acquired Limb Deficiencies and Cardiopulmonary Rehabilitation/Cancer Rehabilitation	$15 each	$30 each		
2000 Neuromuscular Rehabilitation/Electrodiagnosis and Rehabilitation of Orthopedic/Rheumatologic Disorders	$15 each	$30 each		
			RUSH SHIPPING **(US only)**	$50
			TOTAL	

For international shipments, please use the International Order Form

Mailing Address and Contact Information

Name/Member Number (if available) Date

Organization

Address

City State Zip

Telephone Fax

FOR OFFICE USE ONLY:

Order:_____ Ck #:_____ Amount:_____

Ship Date:_____ via_____ UPS:_____

Payment Information

Charge to the following:

❒ American Express ❒ MasterCard ❒ VISA

Card No. ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiration Date ☐☐/☐☐

FAX: Credit Card payments to: (847) 737-6149

Cardholder's Name (please print name as it appears on card)

Cardholder's Signature (authorization of purchase)

AAPM&R will not issue refunds, partial refunds or exchanges for products purchased via AcadeME.