



Mailing List Payment Form

American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.
330 John Carlyle St., Ste. 210, Alexandria, VA 22314
(703) 836-7114, ext. 240 Fax: (703) 842-8655

PLEASE COMPLETE THE FOLLOWING

Be sure to make a copy of the completed forms for your records.

Name: _____

Company: _____

Payment Amount: _____

Enclosed please find my check made payable to ABC

Please send all checks and forms to:
American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.
330 John Carlyle St., Ste. 210
Alexandria, VA 22334-0862
Attn: Megan Matijevich

I authorize ABC to charge my

Visa Mastercard AmericanExpress Discover

Card Number: _____ Exp.: _____

Printed Name on Card: _____

Signature: _____ Date: _____

Please fax payment form to our secure fax line (703) 842-8655 or mail to the address above:

DO NOT email your payment form. Email is not a secure payment method.

For ABC Use Only:

Date Completed: _____

Staff Name: _____