



Journal of the Student National Medical Association

5113 Georgia Ave., N.W., Washington, D.C. 20011

Phone: 202-882-2881 Fax: 202-882-2886

snma@snma.org www.snma.org

SUBSCRIPTION ORDER FORM

Date _____

University/School Name: _____

Department: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Please specify your order by placing a check by your choice:

One Year Subscription (Four Issues) _____ \$30.00

Two Year Subscription (Eight Issues) _____ \$60.00

Three Year Subscription (Twelve Issues) _____ \$90.00

For office use only

Issues _____

Issues _____

Issues _____

Method of Payment (Please check method and provide the information requested):

Check: Check Number: _____

Credit Card: MasterCard Visa Discover

Name on Card: _____

Card Number: _____ Exp. Date: _____ Security Code (back of card) _____

Send Invoice (Please provide the name and address of person to whom the invoice should be sent if different from above address.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please write the address to which the Journal should be mailed if different from the university/school address found above in the space provided below.

Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____

Please mail or fax this order form to SNMA National Headquarters, Attn: Publications and Marketing, 5113 Georgia Ave., NW, Washington, DC 20011

Note: Advertisers receive 1 complimentary copy of each journal in which they advertise.