

Arkansas Medical Society Request for Mailing Labels

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

PAYMENT MUST ACCOMPANY ORDER!

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	Amount	Number of Labels	County	County Code
<input type="checkbox"/>	\$20.00	21	Arkansas	01
<input type="checkbox"/>	\$10.00	19	Ashley	02
<input type="checkbox"/>	\$30.00	74	Baxter	03
<input type="checkbox"/>	\$40.00	122	Benton	04
<input type="checkbox"/>	\$20.00	42	Boone	05
<input type="checkbox"/>	\$10.00	8	Bradley	06
<input type="checkbox"/>	\$10.00	12	Carroll	07
<input type="checkbox"/>	\$10.00	14	Chicot	08
<input type="checkbox"/>	\$10.00	13	Clark	09
<input type="checkbox"/>	\$10.00	12	Cleburne	10
<input type="checkbox"/>	\$10.00	18	Columbia	11
<input type="checkbox"/>	\$10.00	4	Conway	12
<input type="checkbox"/>	\$40.00	182	Craighead/ Poinsett	13
<input type="checkbox"/>	\$10.00	15	Crawford	14
<input type="checkbox"/>	\$30.00	51	Crittenden	15
<input type="checkbox"/>	\$10.00	8	Cross	16
<input type="checkbox"/>	\$10.00	3	Dallas	17
<input type="checkbox"/>	\$10.00	5	Desha	18
<input type="checkbox"/>	\$10.00	10	Drew	19
<input type="checkbox"/>	\$30.00	65	Faulkner	20
<input type="checkbox"/>	\$10.00	6	Franklin	21
<input type="checkbox"/>	\$40.00	176	Garland	22
<input type="checkbox"/>	\$10.00	4	Grant	23
<input type="checkbox"/>	\$20.00	44	Greene/Clay	24
<input type="checkbox"/>	\$10.00	8	Hempstead	25
<input type="checkbox"/>	\$10.00	12	Hot Spring	26
<input type="checkbox"/>	\$10.00	16	Howard/Pike	27
<input type="checkbox"/>	\$30.00	54	Independence	28
<input type="checkbox"/>	\$10.00	15	Jackson	29
<input type="checkbox"/>	\$40.00	105	Jefferson	30
<input type="checkbox"/>	\$10.00	6	Johnson	31

\$10.00 10 Lawrence 33

Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	

number	
_____	_____
expiration date	three digit security code

cardholder's name	

cardholder's signature	

billing address	

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<input type="checkbox"/>	\$10.00	5	Lee	34
<input type="checkbox"/>	\$10.00	2	Little River	35
<input type="checkbox"/>	\$10.00	5	Logan	36
<input type="checkbox"/>	\$10.00	12	Lonoke	37
<input type="checkbox"/>	\$30.00	50	Miller	39
<input type="checkbox"/>	\$30.00	26	Mississippi	40
<input type="checkbox"/>	\$20.00	21	Ouachita	43
<input type="checkbox"/>	\$20.00	21	Phillips	44
<input type="checkbox"/>	\$10.00	10	Polk	45
<input type="checkbox"/>	\$30.00	83	Pope	46
<input type="checkbox"/>	\$75.00	1,329	Pulaski	47
<input type="checkbox"/>	\$10.00	11	Randolph	48
<input type="checkbox"/>	\$30.00	54	Saline	49
<input type="checkbox"/>	\$50.00	245	Sebastian	51
<input type="checkbox"/>	\$10.00	7	Sevier	52
<input type="checkbox"/>	\$10.00	13	St. Francis	53
<input type="checkbox"/>	\$20.00	21	Tri Counties <small>(Fulton, Izard, Sharp, Stone)</small>	54
<input type="checkbox"/>	\$30.00	61	Union	55
<input type="checkbox"/>	\$10.00	7	Van Buren	56
<input type="checkbox"/>	\$50.00	222	Washington	57
<input type="checkbox"/>	\$30.00	80	White	58
<input type="checkbox"/>	\$10.00	2	Woodruff	59
<input type="checkbox"/>	\$10.00	8	Yell	60

+ \$10.00 Shipping/Handling

\$ _____ **Amount Due**

**Mail: Arkansas Medical Society
P. O. Box 55088**

**Little Rock, Arkansas 72215
1-501-224-8967 | Fax: 1-501-224-6489**