
CINCINNATI MEDICINE DIGEST

(PUBLISHED BY THE ACADEMY OF MEDICINE OF CINCINNATI)

Subscription Order Form

Subscription includes six (6) mailed editions (January, March, May, July, September, November) and six (6) e-mail editions (February, April, June, August, October, December).

Subscription price per year: Academy members: \$15.00 — Non-members: \$30.00

Please send *Cincinnati Medicine Digest* to:

Name* _____

Title _____ Company _____

Street Address* _____ E-mail* _____

City* _____ State* _____ Zip* _____

Phone (_____) _____ Fax (_____) _____

*required fields

Check enclosed made payable to the Academy of Medicine of Cincinnati — Amount: \$ _____

Please charge my VISA MasterCard American Express Discover

Card # _____ Expiration Date _____ Amount to be billed: _____

Name/Billing Address for Card _____

Authorizing signature: _____ Date: _____

For Academy of Medicine office use only:

Subscription to begin with _____ issue and end with _____ issue.

Renewal information to be sent: _____

Academy of Medicine of Cincinnati • 2300 Wall Street • Suite F • Cincinnati, OH 45212
Contact: Pam Fairbanks, Communications Director
Phone: 513-421-7010 • Fax: 513-721-4378 • E-mail: pfairbanks@academyofmedicine.org
