

2017 LICENSING FORM

Annual fee \$595/per program. Indicate your selections:

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  **THE BUSINESS OF MEDICINE**
  **FamilyMatters**

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AMANDA with Private Vault \$74.95/month.
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Email, Fax or Mail the completed form.

Email: donna@sellingtechnologies.com

Fax: 215.348.2461

Mail: PO Box 500
Furlong, PA 18925

Check payable to: Selling Technologies

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Donna Whiteley >> 267.684.6844 x3
donna@sellingtechnologies.com

NAME: _____ DATE: _____

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 AMEX
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NAME AS IT APPEARS ON CARD: _____

CARD #: _____ EXP. DATE _____ VERIFICATION # _____

VERIFICATION # is the last three digits printed on the back of a VISA or MasterCard.

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Your subscription can be cancelled at any time, the annual fee is non-refundable.

SHIPPING INFORMATION > Same as above. ORDERS SENT VIA PRIORITY MAIL - \$15 charge.

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If you require overnight shipping please provide your account # FedEx or UPS below.

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Is this a residential address? YES NO