

2018 Directories are Ready!

Order Your Copy Today!

Directory Order Form

LCMS Non-Member Quantity ____ x \$60.00 = _____

*Postage per directory Quantity ____ x \$5.00 = _____

Date _____

*(no charge if picked up from LCMS offices)

TOTAL \$ _____

Attn _____

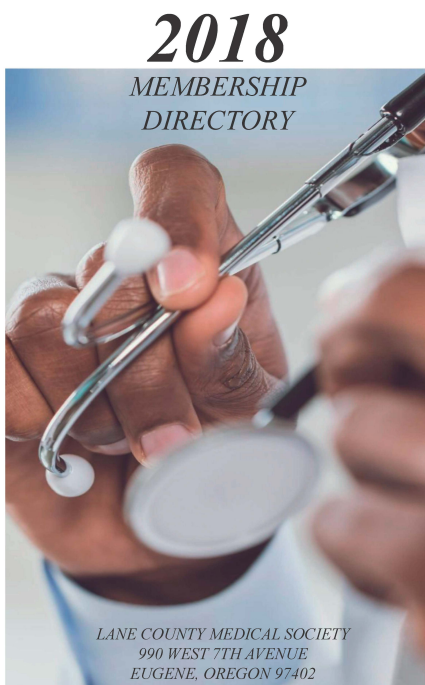
Business Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____



The 2018 Physician Directory contains over 40 new members and hundreds of changes.

Bonus:

TWO new sections-Groups and PAs/NPs

TO ORDER BY CREDIT CARD
 Visa or MasterCard

Account Number _____

Expiration Date _____ Billing Zip Code _____
Month/Year

Amount \$ _____

Cardholder Signature _____

Office use only: M PU

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