



# JOURNAL OF INSURANCE MEDICINE

## SUBSCRIPTION FORM

### Individual Annual Rates:

USA/Canada .....\$215 USD  
 All Other Countries .....\$240 USD

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USA/Canada .....\$270 USD  
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### Recipient Information:

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Professional Title \_\_\_\_\_

Institution Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Payment Information:

Total Payment Attached: \$ \_\_\_\_\_

#### Credit Card

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Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

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#### Check or Money Order

Check  Money Order

Your check or money order should be made payable to **American Academy of Insurance Medicine**.  
Checks or money orders must be in U.S. dollars and drawn on a U.S. bank account.

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|  | <b>American Academy of Insurance Medicine</b><br>100 - 32 Colonnade Road<br>Ottawa ON K2E 7J6<br>Canada |  | 613-721-3581<br><i>(Credit card payments only)</i> |