



# JOURNAL OF INSURANCE MEDICINE

## SUBSCRIPTION RENEWAL FORM

### Individual Annual Rates:

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

### Institutional Annual Rates:

USA/Canada .....\$270 USD  
All Other Countries.....\$295 USD

### Recipient Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Dr.  Mr.  Ms.  Mrs.  Other \_\_\_\_\_ Credentials \_\_\_\_\_

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

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

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

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

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

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

Email \_\_\_\_\_

### Payment Information:

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

#### Credit Card

Visa  MasterCard  American Express



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

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

#### 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.

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