



ABIME

American Board of Independent Medical Examiners

6470-A Merritts Creek Road
Huntington, WV 25702
Ph: 304-733-0095 or Fax: 304-733-5243

Invoice Dated _____

Annual Dues Notice for
Year: _____

PAYMENT DUE UPON RECEIPT

1st NOTICE

PLEASE PRINT THE FOLLOWING INFORMATION:

Name/Degrees: _____

Phone: _____

Company: _____

Fax: _____

Address: _____

Email: _____

If you would like for your email to be published in the next directory
please let us know:

Publish Do Not Publish - Office Use Only

Specialties: _____

BOARD OF REGISTRY ANNUAL ENROLLMENT

Board of Registry Annual Fee: \$195.00

The BOR Fee includes a free listing in the ABIME Print Directory and on the ABIME Website

Additional Listings (maximum of 2 additional listings) \$50.00 each \$_____

TOTAL \$_____

Payment: Check enclosed for _____ listing(s) ó US Funds payable to ABIME

**PLEASE MAKE SURE YOUR NAME IS ON YOUR CHECK
IN ORDER TO RECEIVE CREDIT FOR ANNUAL DUES**

Charge my Credit Card for _____ listing(s) (Amex, VISA, MC, Discover)

Card number _____ Exp. Date: Month _____ Year _____ Ver. Code: _____

Signature _____ Date: _____

**PLEASE RETURN INVOICE WITH PAYMENT AS SOON AS POSSIBLE IN ORDER
TO HAVE NAME PRINTED IN THE NEXT ABIME DIRECTORY BOOK.**

Please add the additional office listing(s). I am enclosing a payment of \$50 for each listing.

2nd Listing: Company Name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

3rd Listing: Company Name _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

**Please return the enclosed ABIME Director Survey with payment.
Credit card payments may be faxed to 304-733-5243**