



American
Acupuncture
Council®

Information Network™

E N R O L L M E N T F O R M

Network Membership Fee
\$175.00 / YEAR

Call **(714) 648-0056** for immediate enrollment, or complete and fax or mail this form.

Yes, I want to enroll my office in the AAC Information Network™ for an entire year at the low rate of \$175.00.

Doctor's Name: _____

Name of Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Authorized Staff (limit of 3): _____

Method of Payment: Visa M/C AX Check

Account #: _____ Exp. Date: _____

Signature: _____ Date: _____

Doctors, if you have more than one office, you can sign up each additional office for a reduced fee of only \$95.00 per year!

Name of Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Authorized Staff (limit of 3): _____

Send enrollment form with payment, or fax form with credit card information to:

American Acupuncture Council Information Network

1851 East First Street, Suite 1160

Santa Ana, CA 92705

Tel: (714)648-0056 Fax: **(714) 571-1866**