



Travis County Medical Society 2011 Membership Roster and/or Directory Order Form

Roster – non-pictorial

For physicians and their office staff only.
Includes NPI numbers, fax, doctors line, and emails

Price: \$15 each (price includes shipping and handling)

Send _____ copies to address below.

Pictorial Directory

Price: \$60.00 each (includes shipping and handling charges)
\$50 each for 10 or more directories

Send _____ copies to address below.

Company/Physician: _____

Attn: _____

Address: _____

City _____ State _____ Zip _____

Enclosed is \$ _____ Phone: _____

[] **Check enclosed**

Return check and completed form to: TCMS, PO Box 4679, Austin, TX 78765.

Circle Credit Card type: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____ Phone: _____

Amount to be charged to card: _____ Signature: _____

For credit card payment call 512-206-1249 or fax to 512-450-1326