South Florida Hospital News and Healthcare Report

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

FMCPG - MEMBERSHIP FEE - $100 FOR SIX MONTHS

CREDIT CARD PAYMENT FORM

COMPANY: _____

Business Address _____

CITY _____ **STATE** _____ **ZIP** _____

Business Phone: _____ **Cell** _____

EMAIL ADDRESS _____

Credit card Information:

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

PLEASE CHARGE MY CREDIT CARD: MASTERCARD / VISA / AMEX (circle one)

No. _____ **Exp.** _____

Security Code _____ **(three numbers of the back of the card for Visa and Mastercard or four numbers on the front of American Express)**

SFHNHR is authorized to charge the above credit card for $ _____

Signature: _____

Phone: _____

Email to Charles@southfloridahospitalnews.com or fax to 561-368-6978 (this fax directly to my desk)

FMCPG

Florida Medical Cannabis Physicians Group