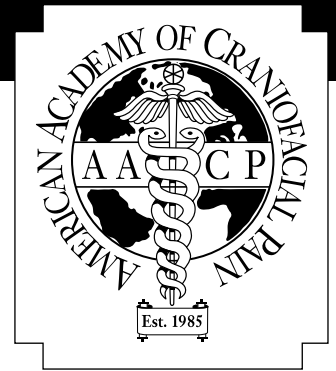


AMERICAN ACADEMY OF CRANIOFACIAL PAIN



Show your pride in your profession as you support the Academy with these quality logo products for your home and office!

FASHION



AACP Polo Shirts

Outer Banks "Reserve" double mercerized (provides extraordinary strength and luster to the fabric) 100% pima cotton polo shirts for men and women. These stylish white shirts feature a navy embroidered AACFP logo. Machine wash.

Ladies' sizes S to XXL
\$45.00

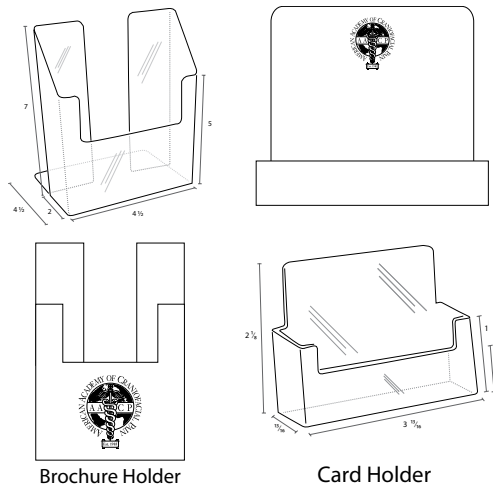
Men's sizes M to XXL
\$45.00



AACP Baseball Caps

Our quality 6-panel, 100% cotton baseball caps come with an adjustable strap to fit all sizes. They are navy with white AACFP embroidered logo.
\$22.00

OFFICE



Brochure Holder

Card Holder

AACP Card Holder

Clear acrylic card holder with AACFP logo
\$10.00

AACP Brochure Holder

Clear acrylic tri-fold brochure holder (4" x 9" pocket) with AACFP logo
\$20.00

HOW TO ORDER

COMPLETE THE ORDER FORM ON THE REVERSE SIDE, THEN MAIL WITH YOUR PAYMENT TO:

AACP, 12100 SUNSET HILLS RD., SUITE 130, RESTON, VA 20190.

OR, FAX WITH CREDIT CARD DETAILS TO: (703) 435-4390.

OR, E-MAIL WITH CREDIT CARD DETAILS TO: central@aacfp.org



ORDER FORM

BILLING INFORMATION - PLEASE PRINT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

SHIPPING INFORMATION - PLEASE PRINT

Same as Billing _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

ORDER INFORMATION

ITEM	PRICE	QUANTITY	TOTAL
Acrylic Business Card Holder	\$10.00	_____	\$ _____
Acrylic Brochure Holder	\$20.00	_____	\$ _____
Polo Shirt:			
Men's Medium	\$45.00	_____	\$ _____
Men's Large	\$45.00	_____	\$ _____
Men's X-Large	\$45.00	_____	\$ _____
Men's XX-Large	\$45.00	_____	\$ _____
Women's Small	\$45.00	_____	\$ _____
Women's Medium	\$45.00	_____	\$ _____
Women's Large	\$45.00	_____	\$ _____
Women's X-Large	\$45.00	_____	\$ _____
Women's XX-Large	\$45.00	_____	\$ _____
AACP Baseball Cap	\$22.00	_____	\$ _____
		GRAND TOTAL	\$ _____

PAYMENT OPTIONS

Enclosed is my check (in US dollars, drawn on a US bank; option 1 only) payable to AACFP in the amount of \$ _____
 Please charge \$ _____ to my: Visa Mastercard
 Cardholders Name (exactly as it appears on card): _____
 Card Number: _____ Expiration Date: _____ Security Code: _____
 CC Billing Address (if different from above): _____
 Cardholder's Signature: _____

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