



2012 Melanoma/Skin Cancer Screening Program MATERIALS ORDER FORM

**IMPORTANT: All screenings are to be free of charge.
This is the primary function of the program and cannot be altered.**

PRIVATE SCREENING:

(Skip down to Director Information Section)

Screening Date

PUBLIC SCREENING:

(Will automatically be posted to Academy's website)

Screening Date

Screening Hours

Appointment Required Walk-ins Welcomed

Screening will be held at:

Mall Clinic/Hospital Health Fair

Outdoor Event (i.e., beach, state fair, etc.)

Other: _____

Contact Name _____ Phone _____

Screening Location _____

City _____ State _____ Zip _____

Additional Information: _____

DOCTOR/DIRECTOR INFORMATION:

(Academy member information)

Program Doctor/Director _____

Address _____

City _____ State _____ Zip _____

SHIPPING INFORMATION:

Check here if shipping contact is same as above.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

SKIN CANCER SCREENING MATERIALS:

(Academy members receive all materials at no cost)

QUANTITY

of Screening Form Packages
(50 forms per package)

of Spanish Form Packages
(10 forms per package)

Is this screening for the underserved? Yes No

Location Name _____

If applicable, list any funding and/or in-kind donations received for this screening.

METHOD OF SHIPMENT:

Standard (No cost)

Automatically shipped via FedEx Ground service at no additional charge. Allow 2-3 weeks for processing.

Rush Order (Shipping charges apply)

Rush orders must be received before 12:00PM (CST) to be shipped the same day. **Payment information below required:**

FedEx Priority (Next business morning)

FedEx Standard (Next business afternoon)

FedEx 2-Day (Express saver)

Credit Card Issuer (i.e. MasterCard, VISA, Amex) _____

Account # _____

Cardholder Name (as it appears on card) _____

Expiration Date _____

IMPORTANT: Immediately after screening, return the pink copies of the patient registration and report forms and the Program Volunteers form to the American Academy of Dermatology.

Please fax order form to 847-240-8744 or email to yurbikas@aad.org

For office use only: Order # _____

Communications Department
American Academy of Dermatology
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