



COUNCIL OF RESIDENCY DIRECTORS IN EMERGENCY MEDICINE

### Payment for Additional CORD Member Representative(s)

Name _____	Degree(s) _____
Position _____	Length of time in this position _____
Preferred Email Address _____	
Program Name: _____	
Additional Representative Fee: \$130	

Name _____	Degree(s) _____
Position _____	Length of time in this position _____
Preferred Email Address _____	
Program _____	Name: _____
_____	Additional _____

Representative Fee: \$130

Please make checks payable to CORD and remit to:

**CORD**

4950 W. Royal Lane

Irving, TX 75063

Toll Free: 888-444-2090 x 3229

Fax: 972-692-5347

Payments can be made by credit card. Please select:    MasterCard    Visa    American Express

Total: \$ \_\_\_\_\_

Payment for \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_

Billing Address Street: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_