



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: \$100	

Name _____	Degree(s) _____
Position _____	Length of time in this position _____
Preferred Email Address _____	
Program Name: _____	
Additional Representative Fee: \$100	

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: _____