



**SONOMA COUNTY
MEDICAL ASSOCIATION**

2019 SCMA Physician Directory Advance Sale Order Form

Directory cost includes sales tax and postage.

Send to:

Name: _____ **Phone:** _____

Address: _____

**City,
State, ZIP:** _____

Nonmember physicians, healthcare companies and general public	\$25.00
5 or more:	\$20.00
SCMA member physicians and directory advertisers	\$20.00
5 or more:	\$15.00
<i>Quantity Ordered</i>	
Amount Enclosed	

Send check with order form to:

Sonoma County Medical Association.

2312 Bethards Dr. #6
Santa Rosa, CA 95405

For credit card orders, complete form below and fax to 707-525-4328.

Please charge \$ _____ to my credit card.
Card type: ____MC ____ Visa Account Number _____ Exp _____

For more information, call 707-525-4375.