Please mail me a complimentary copy of the *2009 ACCP Directory of Residencies, Fellowships, and Graduate Programs*. I have completed all of the information requested below.

Name:_____
(Last) *(First)* *(Initial)*

Address: _____

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City:_____State:_____

Zip: _____

E-mail:_____

ACCP member? ____Yes ____No

Current position: ____Student ____Resident ____Fellow

____Practitioner ____Faculty ____Other

After completing the information above, mail or fax this form to:

ACCP
13000 W. 87th St. Parkway, Suite 100
Lenexa, KS 66215-4530
Fax: (913) 492-0088