AMERICAN ACADEMY OF
MEDICAL ESTHETIC PROFESSIONALS
(AAMEP)

"CENTER FOR MEDICAL ESTHETIC CERTIFICATION "

ORDER FORM

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SHIP TO: (if different than bill to):

Address _____

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I would like to order: *(We must have full payment in order to ship materials)*

Study Guide - $99.00 (add $5 S/H) _____

Practice Examination - $49(add $5 S/H) _____

Review Course - $150.00 (add $5 S/H) _____(Las Vegas Conference Pricing 150.00)

TOTAL (Including S/H) _____

Test Location: City _____State _____Date _____

Method of Payment: **Checks: Make checks payable to AMEN** **Check #** _____
Credit Cards: Visa and MasterCard only.

Please complete the information below.

Check one: _____ Visa _____ MasterCard

Account Number_____ Expiration Date _____/_____

Amount to be Charged $_____

Cardholder Name (as shown) _____

Cardholder's Authorization Signature _____

MAIL OR FAX Order Form To:
AMEN / AAMEP
1120 S. Federal Hwy; Ste 3
Fort Lauderdale, Florida 33316
Fax: 954-463-4459

*******Please retain a copy for your records*******

7/2007