**Publication Order Form**

Publications Available Through ACU

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**Contact Information**

Name: Organization

Address:

City: State: Zip:

Phone: Fax:

Email: ACU Member Number:

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**Requested Selections**

1) **ACU QUICK REFERENCE CARDS**

Sets (Member $9.00/set. Non member $12.00/set.)

_____ Set/s of ACU Quick Reference Cards (Includes one of each four individual cards listed below.)

Individual Cards (Member $2.50/card. Non member $3.50/card.)

_____ Copy/ies of the Perinatal Risk Reduction & Bereavement Support for Loss of Infant Card

_____ Copy/ies of the Pediatric Asthma Card

_____ Copy/ies of the Pediatric Asthma Card—SPANISH

_____ Copy/ies of the Screening for Kidney Disease Card

_____ Copy/ies of the Cultural Competency Card

_____ Copy/ies of the Anticipatory Guidance for Oral Health Card

_____ Copy/ies of the Infant Oral Health #1 Card

_____ Copy/ies of the Infant Oral Health #2 Card

2) **ACU ADVOCACY CALENDAR**

_____ 2009 (Member $3.50/copy. Non member $5.00/copy—Quantity Discounts Available.) Full-color, 12” x 18” single-sided format. Theme is “Traffic Safety.”

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**continued**
Join ACU

In addition to the ACU Advocacy calendar, newsletter and membership rates for tool cards and services, the membership includes a subscription to the *Journal of Health Care for the Poor and Underserved*, the official benefit of the ACU as of 01/04. Students have electronic access only unless additional fees are paid.

Mark the correct circle and add to the Total Payment below

Membership type:

- Sponsor—$2,500
- Organization—$600
- Clinic—$225
- Regular—$125
- Associate Membership—$60 (income less than $35,000)
- Student—$35/year* (electronic-only access to JhCPU).
- Student—$45/year* (print version of JhCPU).
- Contribution: ___________

* with proof of full time student status

Payment Preference/Information

Total Amount Due  $ ______________ (VA residents add 5% sales tax)

Payment Method  ○ Check  ○ Visa  ○ MasterCard  ○ AMEX

Credit Card #:

Expiration Date:

Name On Card:

Signature:

Fax or Mail form to:

ACU
1420 Spring Hill Road, Suite 600
Tysons Corner VA 22102
Fax: 703.562.8801
For more information: call 703.442.5318 or e-mail acu@clinicians.org

Please make checks payable to ACU

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Contact ACU to inquire about bulk purchase rates.  ●  Payment must be received to process order.
Please allow 7–10 days for processing.  ●  Thank you for your order.