



7750 Montpelier Rd.  
Laurel, MD 20723  
410-888-9048

# Customized Business Cards for Clinic Interns Order Form

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STUDENT NAME: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CIRCLE CARD TYPE: BOTH FRONT AND BACK  
250 CARDS FOR \$25

PLEASE CUSTOMIZE: NAME \_\_\_\_\_  
[AS YOU WISH IT TO APPEAR]

PROGRAM:

- ACUPUNCTURE AND ORIENTAL MEDICINE
- ACUPUNCTURE
- CHINESE HERBS
- NUTRITION
- YOGA THERAPY
- NATUROPATHIC MEDICINE

EMAIL: \_\_\_\_\_ @ MUIH.EDU

CELL NUMBER: \_\_\_\_\_

PAYMENT:             VISA     MASTERCARD     AMEX     DISCOVER     CHECK     CASH

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ XXX CODE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AMOUNT BILLED: \_\_\_\_\_

PAYMENT DATE: \_\_\_\_\_