

Ambulatory Stand Up for Patient Safety Enrollment Form – AMGA Members

Please enroll my organization in this important patient safety program.



Organization _____

Contact Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

The *Ambulatory Stand Up for Patient Safety*™ program annual membership fee is only \$899 per site for AMGA members – a special 10% discount rate.

\$899 x _____ sites = \$ _____

- My payment is enclosed (check payable to: National Patient Safety Foundation)
- Please invoice my organization (purchase order number, if applicable _____)
- Please charge my Visa / MasterCard / AmEx (circle one)

Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____ Date _____

- I'd like to learn more. Please call me.



To enroll, please print out this form, complete, and mail or fax to:

National Patient Safety Foundation
268 Summer Street
Sixth Floor
Boston, MA 02210
Fax: 617.391.9999

For more information about the *Ambulatory Stand Up for Patient Safety* program, please contact Rachel Crow at 617.391.9916 or rcrow@npsf.org.