

American Academy of Wound Management

CWS® Patch Order Form

The AAWM is now offering current Certified Wound Specialists the option to order extra CWS® patches for \$5.00. Please return payment to the AAWM at the address listed below. Please allow 2 weeks for delivery.

FULL NAME WITH CREDENTIALS _____

CERTIFICATION DATE _____
Month Year

PLEASE MAIL MY CWS® PATCH TO:

Number of Patches Ordered:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____ (optional)

Method of Payment: (please check one)

Check Enclosed or **Credit Card:** VISA MasterCard AMEX
(\$5.00 payment to AAWM)

Amount Enclosed: _____ Account Number: _____
Exp. Date _____

Cardholder Name: _____ Signature _____

Cardholder Billing Address: _____



Please return this form to the AAWM:
Fax (202) 530-0659
1155 15th Street, NW Ste. 500, Washington DC 20005