

Foot Dr Link Sign-up Form

Date: _____

Practice Name: _____

First: _____ Last: _____ Cred: _____

Additional Doctors: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Toll Free: _____ Email: _____

(List additional office locations on separate sheet of paper)

URL http:// _____

Annual Registration Fee \$150

(Registration will begin on date of payment; you will receive a receipt with this date indicated)

*Credit Card # _____ Exp Date: _____ VISA ___ MC ___

Name & Address on Credit Card: _____

Signature: _____ Date: _____

* You may call us with this information if you prefer. 1-888-922-4529

Please fax to 1-480-348-9241

Mailing address:

Foot Dr Link
7403 E 6th Ave #1
Scottsdale, AZ 85251