



American Society of Regional Anesthesia and Pain Medicine

Image Gallery Request Form

High-resolution images (600 dpi, suitable for publication in journal articles or book chapters) are available for \$100 each. To purchase high-resolution images, complete this form and return it to the ASRA office via mail, email, or fax (see below).

MEMBER INFORMATION

Form with fields for: Title, First Name, Last Name, Suffix; Organization Name; Address; City, State, Zip; Email address.

IMAGE(S) REQUESTED

Each high-resolution image is \$100 USD

Table with 3 columns: Image Number, Description, Cost (@\$100 per image). Includes a Total Cost row.

PAYMENT - Complete the information for your selected payment method.

Option 1: Credit Card [ ] Visa [ ] MasterCard [ ] American Express

Name as it appears on the card

Grid for name entry

Card Number

Grid for card number

Expiry date (mm/yy)

Grid for expiry date

Security code (3 or 4 digits depending on card)

Grid for security code

Billing address of card

Grid for billing address

City

Grid for city

State/Province

Zip/Postal Code

Country

Grid for state, zip, and country

Option 2: Check

Make check payable to ASRA. Include "Image Gallery Purchase."

\* SIGNATURE \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Note: Signature and date are required for both payment methods.

Return completed and signed form to:

Email: asraassistant@asra.com
Mail: ASRA, 3 Penn Center West, Suite 224, Pittsburgh PA 15276
Fax: +1 412-471-7503