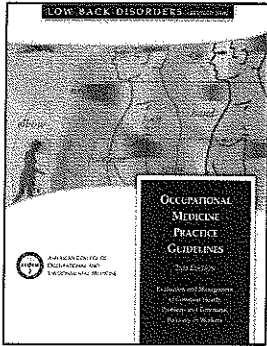




AMERICAN COLLEGE OF  
OCCUPATIONAL AND  
ENVIRONMENTAL MEDICINE

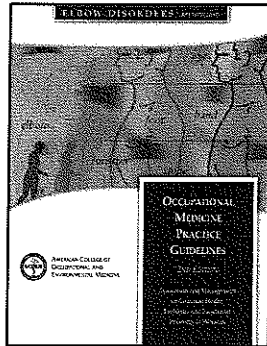
# Guidelines Book Includes Updated Elbow, Low Back, and Chronic Pain Chapters or Order Them Separately

Prices Effective Jan 2009



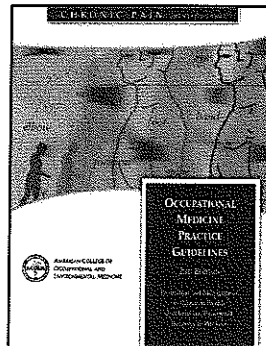
**Low Back Disorders  
Chapter**

Available Now!



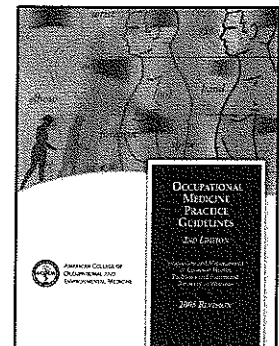
**Elbow Disorders  
Chapter**

Available Now!



**Chronic Pain  
Chapter**

Available Now!



**Occupational Medicine  
Practice Guidelines Book  
2<sup>nd</sup> Edition 2008 Revision**

Available Now!

Product	Member Price	Non-member Price	**Quantity	Total
Low Back Disorders Chapter Revised	\$59.95	\$69.95		
Elbow Disorders Chapter Revised	\$39.95	\$49.95		
Chronic Pain Chapter Revised	\$59.95	\$69.95		
All Three Revised Chapters	\$119.00	\$159.00		
Occupational Medicine Practice Guidelines Book 2 <sup>nd</sup> Edition 2008 Revision	\$199.00	\$249.00		
			Subtotal	
<b>SPECIAL ORDER FORM FOR WOEMA MEMBERS!</b>				*Shipping/Handling
				TOTAL

**\*Shipping/Handling Costs within the U.S. (UPS Ground):**

Add \$6 per *Low Back Disorders* or *Chronic Pain* chapters; Add \$5 per *Elbow Disorders* chapter; Add \$10 per *Guidelines* book.  
For Canadian/Mexican/International orders or to make special shipping arrangements, e.g. Next Day, call ACOEM at 847/818-1800.

**\*\*Quantity Discount:**

For orders of 10 or more of the same item, call ACOEM at 847/818-1800 as a quantity discount can be arranged.

Date \_\_\_\_\_  **Check One:** Will shipment be going to:  Residential Address or  Business Address

Name (please print) \_\_\_\_\_

Company Name (if needed for shipping) \_\_\_\_\_

Street Address \_\_\_\_\_

(UPS cannot deliver to a PO Box)

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mail checks to: ACOEM Lock Box, 6583 Eagle Way, Chicago, IL 60678-1065. Fax credit card orders to: 847/818-9266; or  
Mail credit card orders to: ACOEM, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007-1030.

Payment Method:  Check (payable to ACOEM); Credit Card:  Visa  Master Card  Am Express  Discover

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

For Office Use Only

Date Shipped: \_\_\_\_\_

Carrier/Service: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Batch #: \_\_\_\_\_ Amount: \_\_\_\_\_

Promotion Code: WOEMA