



SUBSCRIBER INFORMATION UPDATE

Please keep us updated regarding any changes in your **address, phone number, fax number, e-mail address and credit card information**. Please print out and complete this form. Fax or mail it to us (see below). *A signature is required for updated credit card information.*

DATE: _____ SUBSCRIBER #: _____

SUBSCRIBER NAME: _____

ADDRESS: _____

CITY/PROVINCE: _____

STATE/COUNTRY: _____ ZIP CODE _____

TEL#: _____ FAX# _____

EMAIL: _____

CREDIT CARD INFORMATION**:

(VISA, MASTER CARD, AMERICAN EXPRESS ACCEPTED ONLY)

EXP. DATE: _____ SIGNATURE: _____

****This credit card is to be used for all future charges.**

Please mail or fax the above changes to:

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