

ACTION FOR HEALTH IN THE AMERICAS

ADDRESS:

**ACTION FOR HEALTH IN THE AMERICAS
4 NORTHCREST DRIVE
CLIFTON PARK, NY 12065**

ENCLOSED PLEASE FIND MY CHECK IN THE AMOUNT OF:

\$ _____ .00 ___ CHECK ENCLOSED

LAST NAME OR ORGANIZATION NAME:

FIRST NAME/ORG. CONTACT: _____

TITLE: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ **STATE:** ___ **ZIP:** _____

COUNTRY (IF NOT US): _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

COMMENTS:

