

A FREE Subscription to JUCM

To receive **JUCM** at no charge or to change your address, please complete the form below and fax to Peter Murphy at 201-529-4007. Please make sure you sign and date the form. Physicians, NPs and PAs who practice in an urgent care setting are eligible to receive a subscription of **JUCM** FREE.

I am an urgent care:	DO	NP	ΡΑ
First Name:			
Last Name:			
Urgent Care Clinic Name:			
Clinic Address 1:			
Address 2:			
City:			
State:		Zip Code:	
Email Address:			
Signature:			Date:

(Note: To qualify for a free subscription, you must receive the journal at your urgent care practice site.)

Fax Completed Form to: 201-529-4007

Peter Murphy Publisher, JUCM pmurphy@jucm.com