



Partners[®]

in Medical Education Inc.

109 Brush Creek Road * Irwin, PA 15642 * 724-864-7320 (phone) * 724-864-6153 (fax)

Partners[®] Telecourse Passport Activation Form

Your passport to the world of GME Education!

Institution Name _____

Address _____

City _____ State _____ Zip _____

Which Partners[®] Telecourse Passport do you wish to purchase?

Individual Passport

Cost: \$1,200 for 12-month Passport

Institutional Passport

Cost: \$4,000 for 12-month Passport

Individual Passport Owner – OR – Main Institutional Passport Contact Information:

Name _____ Degree _____

Title _____ Department _____

Phone _____ Fax _____

Email _____

Method of Payment:

Check Enclosed

Make check payable to **Partners in Medical Education, Inc.**

and mail to: **Attn: Passport Activation – Susan Allen, General Manager; Partners in Medical Education, Inc., 109 Brush Creek Road, Irwin, PA 15642**

Check to follow

Fax a copy of your internal check request with this form to 724-864-6153

Credit Card ___ Visa ___ MasterCard[®]

Card # _____ Exp. Date _____ Total Cost to Charge to Card _____

Signature _____ Print Name _____

- A Partners[®] Telecourse Passport must be used within 12 months of purchase.
- An Institutional Passport cannot be transferred to another institution.
- An Individual Passport is transferable to another employee within a department or institution upon written request when the original owner leaves the department or institution.
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For Office Use Only

Individual Passport ID #: _____

Institutional Passport ID #: _____

Date of Purchase: _____

Expiration Date: _____

Date Activation/Renewal Email Sent: _____

Date Activation Processed/Added to Tracking: _____