

standards@imaging.org

## PTP VENDOR EXTENSION ID REQUEST FORM

Please submit this form with your information and remit US \$500 to complete the registration.

• Company Name as it should appear in any listing:
• Company Division (if applicable):
• Information for Primary Contact at Company Name: Phone: Email Address: Mailing Address:
• Information for Secondary Contact at Company Name: Phone: Email Address: Mailing Address:
• For payment by check, send form and check to address noted above
• For payment by Wire Transfer, contact Mark Reynolds at mreynolds@imaging.org
• <b>For payment by Credit Card,</b> fill out information below and fax form to IS&T at +1-703-642-9094 or send PDF to mreynolds@imaging.org
AMEXVISAMASTERCARD DISCOVER
Card Number Exp. Date
Name as printed on credit card:
Authorized Signature:
Invoice Number: Invoice Account No Amount US \$500