

REQUEST FOR BACK ISSUES

To confirm that we are sending your journals to the correct address please indicate your full shipping address below. If you are an Inactive member with a paid subscription, you may also use this form.

Academy ID# _____ How should this address be used? Once Permanently

Last/Family Name _____

First Name _____ **Middle Initial** _____

Below is my (check one) Home address Office address Other _____

Address _____

City _____

State/Province (if applicable) _____

Postal Code _____ Country _____

E-mail Address _____

How frequent is this problem: Rare Intermittent Constant

Use the space below to indicate the month(s) and year(s) of the issue(s) you are requesting.



- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Jan 20____ | <input type="checkbox"/> May 20____ | <input type="checkbox"/> Sep 20____ |
| <input type="checkbox"/> Feb 20____ | <input type="checkbox"/> Jun 20____ | <input type="checkbox"/> Oct 20____ |
| <input type="checkbox"/> Mar 20____ | <input type="checkbox"/> Jul 20____ | <input type="checkbox"/> Nov 20____ |
| <input type="checkbox"/> Apr 20____ | <input type="checkbox"/> Aug 20____ | <input type="checkbox"/> Dec 20____ |



(Note: EyeNet is only for US members or paid subscriptions)

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Jan 20____ | <input type="checkbox"/> May 20____ | <input type="checkbox"/> Sep 20____ |
| <input type="checkbox"/> Feb 20____ | <input type="checkbox"/> Jun 20____ | <input type="checkbox"/> Oct 20____ |
| <input type="checkbox"/> Mar 20____ | <input type="checkbox"/> Jul 20____ | <input type="checkbox"/> Nov 20____ |
| <input type="checkbox"/> Apr 20____ | <input type="checkbox"/> Aug 20____ | <input type="checkbox"/> Dec 20____ |

Please return this completed document to:

American Academy of Ophthalmology - Member Services
655 Beach, San Francisco, CA 94120-7424
Tel: +1.415.561.8581 Fax: +1.415.561.8575
E-mail: journal_inquiries@aao.org

* We can only guarantee that issues from the past 6 months will be in stock but we will request all issues indicated.
* Please allow 2 - 4 weeks for delivery (4 -6 weeks if outside of the US).