

Expand Your FCE Practice

With a Listing in SEAK's National Directory of Independent Medical Examiners

After registering to be listed in SEAK's *National Directory of Independent Medical Examiners* your profile will be posted on www.imenet.com which averages **millions of hits per year** and includes direct links to your e-mail and website. You will also be listed in SEAK's annual print *Directory* which is sent to **over 30,000 Disability Insurers, Claims Adjusters, Case Managers, Rehab Companies, Attorneys, Third Party Administrators, and Self-Insureds.**

100% Money Back Guarantee. If at any time prior to **August 1, 2011** you are not completely satisfied, you may request and receive a full refund of your standard listing fee.

CONTACT SEAK: PHONE: (508) 457.5150 **FAX:** (508) 540.8304 **E-MAIL:** Alex@seak.com **WEBSITE:** www.imenet.com

INSTRUCTIONS

Print neatly or type the following information to assure accuracy.
Sign and date at the bottom. Be sure to include payment by check or credit card.
MAIL to: SEAK, Inc; PO Box 729; Falmouth, MA 02541 or **FAX to:** (508) 540-8304

ANNUAL LISTING TYPES (CHOOSE ONE)

- Standard Listing, \$495
- Half-Page Expanded Listing, \$995 (7" x 5") – includes *FREE* Standard Listing
- Full-Page Expanded Listing, \$1495 (7" x 10") – includes *FREE* Standard Listing

PAYMENT INFORMATION

Please charge my MasterCard Visa AMEX
or Or please make checks payable to *SEAK, Inc.*

Account # _____

Expiration Date: ____ / ____ Security Code: _____

Name on Card: _____

Signed: _____

Priority Code: AB

First Name		Middle Initial	Last Name	
Degree (i.e. PT, OTR)		Organization		
Address				
City			State	Zip
Phone		Fax		
Email		Website		
Additional Locations				
Years Performing FCEs		Approximate Number of FCEs Performed		
FCE Certification(s) - optional				
Additional Information (30 words or less)				

I hereby attest under the pains and penalties of perjury that the information I have provided is true and accurate to the best of my knowledge. In consideration of SEAK, Inc. publishing the above information to prospective FCE requesters, I hereby agree to indemnify, hold harmless and defend SEAK, Inc., its agents, employees and attorneys from any and all damages, claims, suits, actions, attorneys fees, costs and or judgments arising from any knowing falsehoods or inaccuracies contained in the above application.

Signed: _____

Dated: _____