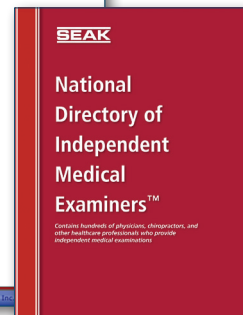
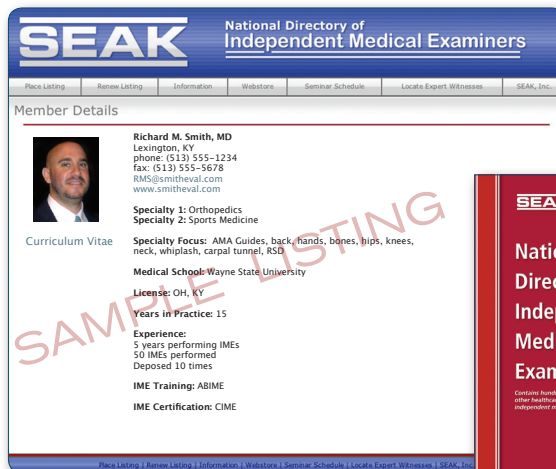


## DIRECTORY HIGHLIGHTS

- The Premier IME Provider Directory since 1999.
- Receive two listings (online and print) for the price of one.
- Reach over 30,000 IME referral sources such as Law Firms, Case Mangers, Claims Adjusters, TPAs, Insurers, Employers and Independent Review Organizations.

**100% Money Back Guarantee for new members.**



[www.imedirectory.com](http://www.imedirectory.com)

## THREE QUICK AND EASY OPTIONS TO PLACE YOUR LISTING

PC: AB

It will only take about 5-10 minutes to get yourself listed. You can either **1 SIGN UP** online at [www.imedirectory.com](http://www.imedirectory.com), **2 CALL US** at (508) 457-5150 or **3 FILL OUT** the below brief application and **FAX** to us at 508-540-8304 or **MAIL** to SEAK, Inc., PO Box 729, Falmouth, MA 02541.

## PAYMENT INFORMATION

Annual Listing \$495

Please charge my  MasterCard  Visa  AMEX

Check enclosed, payable to SEAK, Inc.

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signed: \_\_\_\_\_



## LISTING INFORMATION

First Name		Middle Initial	Last Name
Degree	Organization		
Address			
City		State	Zip
Additional Locations (City And State Only)			
Phone	Cell Phone (Optional)	Fax	

## LISTING INFORMATION *(continued)*

E-mail

Website

Person Responsible for Maintaining This Listing

Specialties (Choose From The List Below)

1)

2)

Medical School Name

State(s) You Are Licensed in

IME Certification (Circle - Optional)

CIME (ABIME)

CICE (ABIME)

FAADEP

CDE (NADEP)

OTHER:

Years Practicing Medicine?

Years Performing IMEs?

Approximate Number Of IMEs You've Performed? (Optional)

Approximate Number Of Times You've  
Been Deposed Or Testified? (Optional)

What Formal IME Training Have You Had? (Circle - Optional)

SEAK

AADEP

ACOEM

NADEP

ABIME

After you register, you will be emailed instructions on how to add a photo, your full CV, and a bio of yourself

## SPECIALTY AREAS

Acupuncture	Family Medicine	Neuropsychology	Podiatry/Podiatric Surgery
Addictions	Foot & Ankle	Neurosurgery	Preventive Medicine
Allergy	Forensic Psychiatry	Obstetrics/Gynecology	Psychiatry
Anesthesiology	Forensic Psychology	Occupational Medicine	Psychology
Cardiology/Cardiovascular Disease	General Practice	Oncology	Pulmonary Medicine/Disease
Chiropractic	General Surgery	Ophthalmology	Radiology
Chiropractic Neurology	Geriatrics	Orthopedic Surgery	Rheumatology
Chiropractic Orthopedics	Hand Surgery	Orthopedics	Sleep Medicine
Clinical Neurophysiology	Hematology	Osteopathic Medicine	Spinal Medicine
Colon & Rectal Surgery	Industrial Medicine	Otolaryngology	Sports Medicine
Critical Care Medicine	Integrative Medicine	Pain Management/Medicine	Thoracic Surgery
Dentistry	Internal Medicine	Pediatrics	Toxicology/Medical Toxicology
Dermatology	Neurology	Physical Medicine & Rehabilitation/Physiatry	Urology
Electrodiagnostic Medicine	Neuromuscular Disorders	Plastic & Reconstructive-Surgery	Vascular Medicine
Emergency Medicine	Neurophysiology		
	Neuropsychiatry		

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 for SEAK, Inc. publishing the above information to prospective IME 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: \_\_\_\_\_