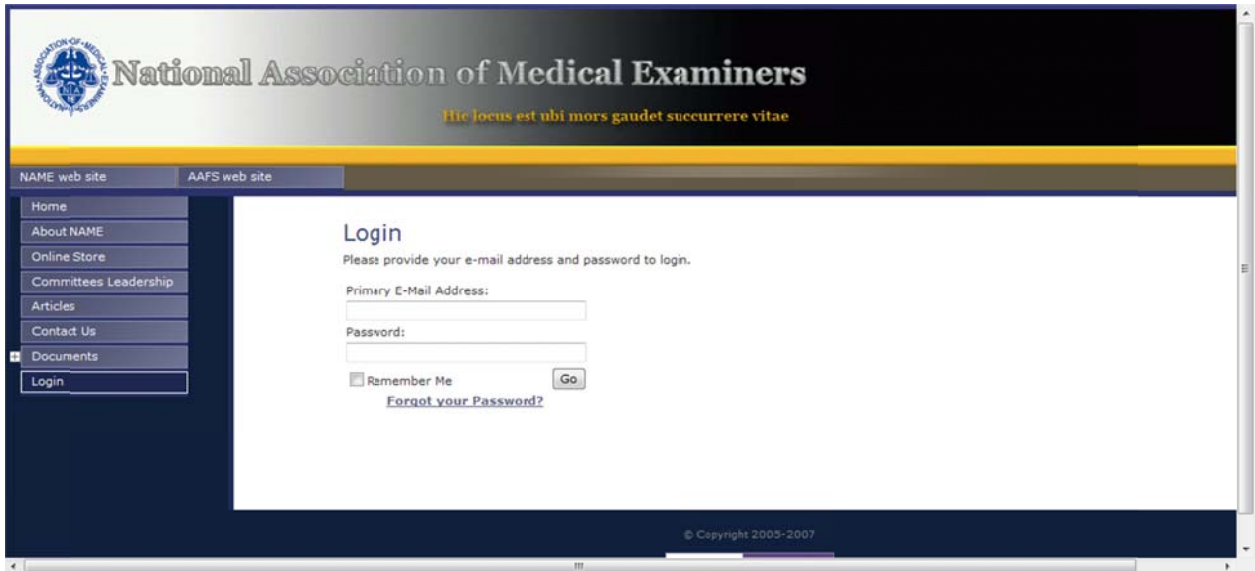


## Renewing a NAME Membership

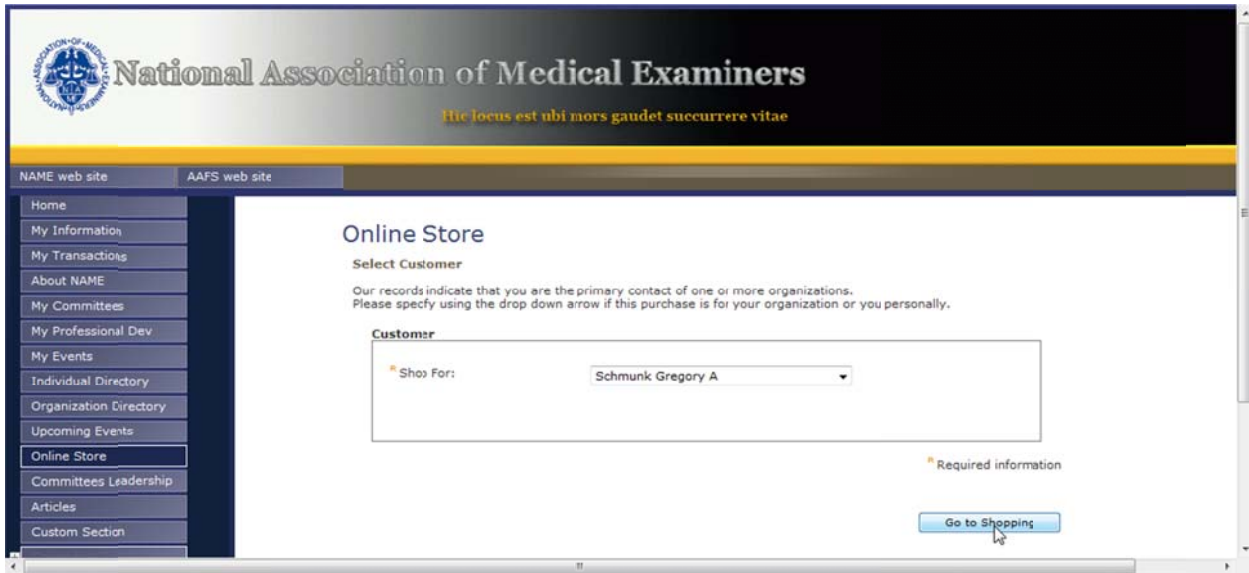
1. Log into the NAME Avectra web site at [../eweb/StartPage.aspx?Site=NAME](http://../eweb/StartPage.aspx?Site=NAME)
2. You should be on the login page



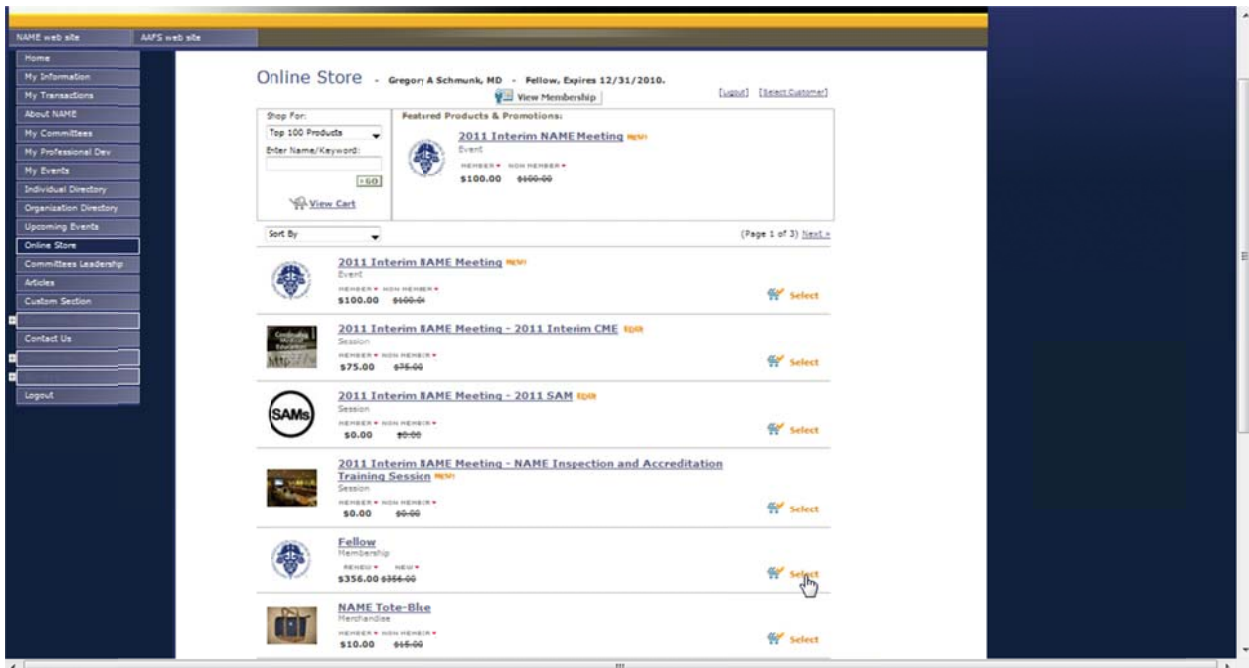
3. Type in your primary e-mail address. This is the address where you receive Avectra mail. (Note- Your password is your primary office zip code if you have never logged in before). At this point you see the main page. Click on Online Store in the menu at the left



4. Be sure the proper name is listed under "shop for" and then click on "Go to shopping"



5. Your shopping page should look similar to this. Select the proper membership and click on "select"



6. If the information is correct, select "add to cart"

NAME web site    AAFS web site

Home  
My Information  
My Transactions  
About NAME  
My Committees  
My Professional Dev  
My Events  
Individual Directory  
Organization Directory  
Upcoming Events  
Online Store  
Committees Leadership  
Articles  
Custom Section  
Contact Us  
Logout

Online Store - Gregor A Schmunk, MD - Fellow, Expires 12/31/2010. [Logout] [Reset Customer]

Membership Details

**Fellow**

[Continue Shopping](#) [View Cart](#) [Add to Cart](#)

Select from the available dues rates for this membership.

Dues Rate: 2011 Fellow-Early dues

MEMBER \*    NON-MEMBER \*  
\$356.00    \$666.00

Membership Details

Fellow Membership Dues include a subscription to Academic Forensic Pathology (AFP)

Membership Information

This is a Calendar based Membership  
The Term of Membership is 12 Months  
Effective Date: 01/01/2011  
Expiration Date: 12/31/2011  
Referred By:

Existing Membership Orders/Invoices

Order#	Invoiced	Invoice#	Member Type	Start Date	Expiration Date
029530	✓	011380	Fellow	01/01/2010	12/31/2010

[Continue Shopping](#) [View Cart](#) [Add to Cart](#)

7. Confirm the order and then select "check out"

NAME web site    AAFS web site

Home  
My Information  
My Transactions  
About NAME  
My Committees  
My Professional Dev  
My Events  
Individual Directory  
Organization Directory  
Upcoming Events  
Online Store  
Committees Leadership  
Articles  
Custom Section  
Contact Us  
Logout

National Association of Medical Examiners  
*Nil loquax ubi mors gaudet succurrere vitae*

Online Store - Gregor A Schmunk, MD - Fellow, Expires 12/31/2010. [Logout] [Reset Customer]

Shop For: Top 100 Products  
Enter Name/Keyword:  [GO] [View Cart](#)

Featured Products & Promotions:

**2011 Interim NAME Meeting** new  
Event  
MEMBER \*    NON-MEMBER \*  
\$100.00    \$660.00

Shopping Cart

[Update Cart](#) [Empty Cart](#) [Continue Shopping](#) [Check Out](#)

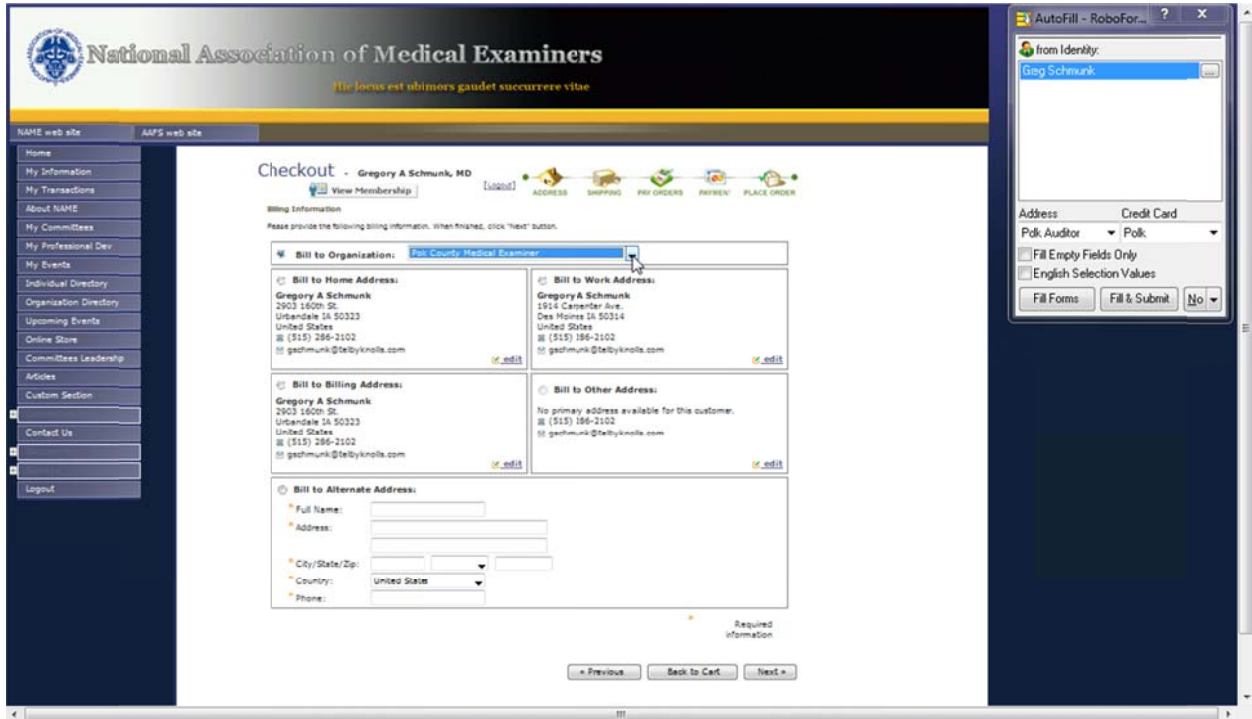
Source Codes:  Click on the [X] to remove item from your shopping cart.

	Quantity	Item Price	Price
<b>Fellow</b> Membership	1	\$356.00	\$356.00
			<b>Subtotal</b> \$356.00

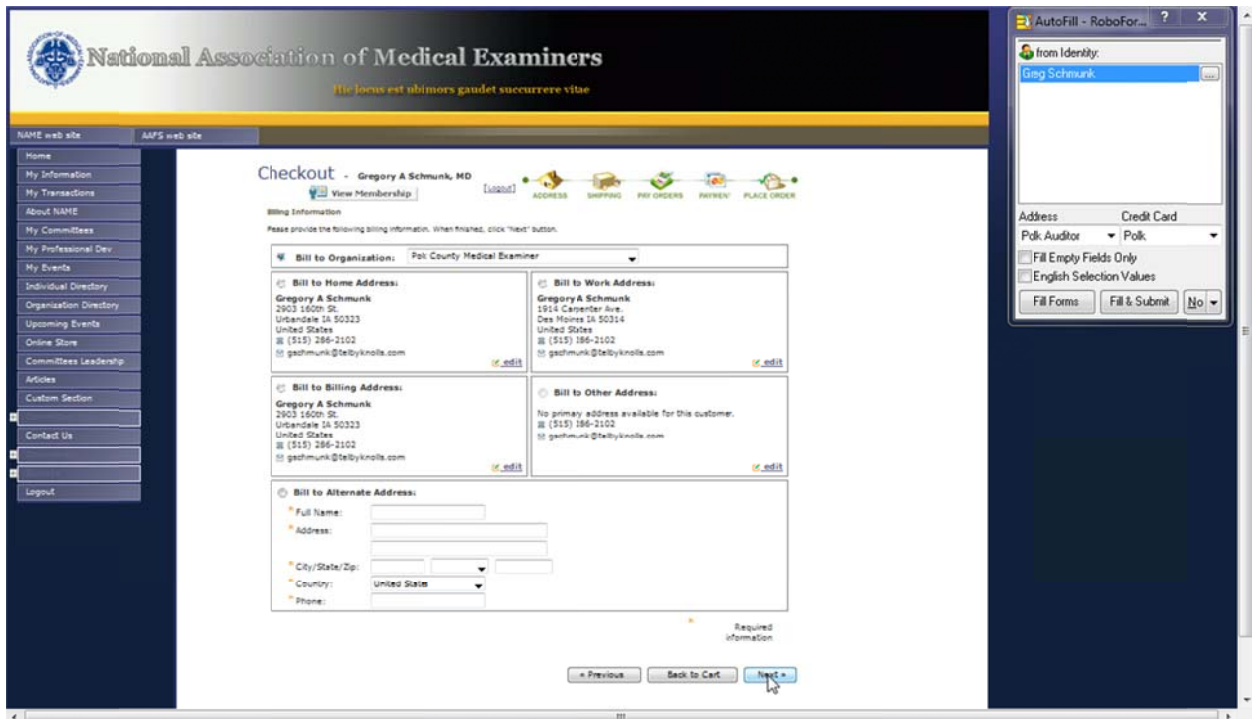
Discount Code:  [Apply Discount](#)

[Update Cart](#) [Empty Cart](#) [Continue Shopping](#) [Check Out](#)

8. Select the proper bill to address. You may edit the addresses if needed. In this case I selected my employer to bill to.



9. Click on "Next"



10. Fill in your credit card information and click on "Next"

NAME web site AAFS web site

Home  
My Information  
My Transactions  
About NAME  
My Committees  
My Professional Dev  
My Events  
Individual Directory  
Organization Directory  
Upcoming Events  
Online Store  
Committees Leadership  
Articles  
Custom Section  
Contact Us  
Logout

### Checkout - Gregory A Schmunk, MD

View Membership

ADDRESS SHIPPING PAY ORDERS PAYREV PLACE ORDER

Payment Information  
Please enter your payment information below. When finished, click "Next" button.

Payment Method: Credit Card

Credit Card - Enter Credit Card information in the fields provided below:

Card Type: MasterCard  
Credit/Debit: Credit  
Card Number: [redacted]  
Card CVV Number: [redacted]  
Card Expiration Date: January 2010  
Cardholder's Name: Gregory A Schmunk, MD

Order Summary:  
Sub Total: \$356.00  
Shipping: + \$0.00  
Tax: + \$0.00  
Previous Orders: + \$0.00  
Grand Total: = \$356.00

Required information

< Previous Back to Cart Next >

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11. Review your order. Be sure to select to send a confirmation to your primary e-mail address. You can also send to an additional e-mail address. Once all is correct, click on "submit order"

Home  
My Information  
My Transactions  
About NAME  
My Committees  
My Professional Dev  
My Events  
Individual Directory  
Organization Directory  
Upcoming Events  
Online Store  
Committees Leadership  
Articles  
Custom Section  
Contact Us  
Logout

### Checkout - Gregory A Schmunk, MD

View Membership

ADDRESS SHIPPING PAY ORDERS PAYREV PLACE ORDER

Submit Order  
Please review the information below and submit your order.

Purchased By:  
Gregory A Schmunk, MD  
(Organization: Polk County Medical Examine)  
(515) 286-2102  
gschmunk@telbyknolls.com

Shopping Cart Items	Amount	Quantity	Total
Fellow	\$356.00	1	\$356.00
Membership			
		Subtotal	\$356.00
		Taxes	\$0.00
		Shipping	\$0.00
		Invoice Total	\$356.00

Checkout Summary

Grand Total	\$356.00
Payment	\$356.00
Balance	\$0.00

Shipping & Billing Information

Billing Address:  
Polk County Medical Examine  
1914 Carpenter Ave.  
Des Moines IA 50314  
United States  
☎ (515) 286-2102

Payment Information

Payment Amount: \$356.00  
Payment Method: Credit Card  
Card Type: MasterCard  
Card Number: \*\*\*\*\*7396  
Card Expiration Date: 03/2012  
Cardholder Name: Medical Examiner Polk Co. Iowa

E-mail Confirmation

Send a confirmation e-mail to my primary e-mail address: gschmunk@telbyknolls.com  
 Send a copy of the confirmation e-mail to an additional e-mail address:

< Previous Back to Cart Submit Order

12. You now see your confirmation and may now print a “printer friendly version” of your invoice by selecting that button

[View Membership](#) ADDRESS SHIPPING PAY ORDERS PAYMENT PLACE ORDER

Order Submitted  
Thank you. Your order has been submitted.

Purchased By:  
**Gregory A Schmunk, MD**  
(Organization: Polk County Medical Examiner)  
(515) 266-2100  
gasmunk@telbyknolls.com

Your confirmation number is: **7614820** Please keep this number for any references.

Shopping Cart Items	Amount	Quantity	Total
Fee: Membership	\$356.00	1	\$356.00
		<b>Subtotal</b>	<b>\$356.00</b>
		Taxes	\$0.00
		Shipping	\$0.00
		<b>Invoice Total</b>	<b>\$356.00</b>
		<b>Grand Total</b>	<b>\$356.00</b>
		Payment	\$356.00
		Balance	\$0.00

**Shipping & Billing Information:**

**Billing Address:**  
Auditor  
111 Court Ave.  
Des Moines IA 50309  
United States  
☎ (515) 369-8871

**Payment Information**

Payment Amount: **\$356.00**  
Payment Method: **Credit Card**  
Card Type: **MasterCard**  
Card Number: \*\*\*\*\*7396  
Card Expiration Date: 03/012  
Cardholder Name: **Medical Examiner Polk Co. Iowa**

[Printer Friendly Version](#) [Back to Shopping](#)

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NET PEOPLE

You have now renewed your membership! You will receive a receipt in your e-mail.

**Thank you for your support of NAME!**