



Order Form

To process your order choose one of the following methods:

FAX:
(916) 364-6612 OR

EMAIL:
medpublicationorders@maximus.com

Shipping Information

All orders are sent Standard Delivery
Special Delivery is available for an additional cost

- Special Delivery requested:
 UPS **FedEx**

Your billing Authorization/Account number (required)

- Overnight *(allow 3-4 days)*
 2-Day *(allow 4-6 days)*

Applications <small>Maximum order quantity 300 per language.</small>				Handbooks <small>Maximum order quantity 300 per language.</small>				Displays	
Language	Qty	Language	Qty	Language	Qty	Language	Qty	Item	Qty
<input type="checkbox"/> English		<input type="checkbox"/> Spanish		<input type="checkbox"/> English		<input type="checkbox"/> Spanish		<input type="checkbox"/> English/Spanish Tear-Off Pad (PUB 52)	
<input type="checkbox"/> Arabic		<input type="checkbox"/> Hmong		<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean			
<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian			
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian		<input type="checkbox"/> Chinese		<input type="checkbox"/> Vietnamese			
<input type="checkbox"/> Chinese		<input type="checkbox"/> Tagalog		<input type="checkbox"/> Farsi					
<input type="checkbox"/> Farsi		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Hmong					
<input type="checkbox"/> Pub 406		Includes all languages.		PUB 406 (Errata to the joint application) is automatically included if necessary. You may order additional inserts if needed.					

All information is required to process your order.

Mailing Information <input type="checkbox"/> Residence <input type="checkbox"/> Business								Organization Category Please indicate the category your Organization represents.	
Organization Name: _____									
Delivery Address: _____ <small>(No P.O. Boxes)</small>								Organization/Person ordering the material: Check the appropriate box <u>(required)</u>	
City: _____ Zip Code: _____									
Contact Person Name: _____								<input type="checkbox"/> EE <input type="checkbox"/> CA A	
Phone: (____) _____ - _____ Fax: (____) _____ - _____								Number (required)	
Email Address: _____									

For Internal Use Only ▶	Shipping Date	Order ID _____
	Shipping ID	