



MSSC

1102 S Hillside, Wichita, KS 67211
 316-683-7670 Fax 316-683-0855
 susanbutcher@med-soc.org

LATE ORDER FORM 2012 ROSTER

The annual Medical Society of Sedgwick County pictorial membership roster is now being compiled. Since the roster cannot be reprinted, please check your office needs and return this form and your remittance no later than September 15th 2011 **.

*We now offer the opportunity to receive monthly roster updates electronically! Stay up to date with information on phone, fax, address and practice changes.
 Price below reflects a one year subscription starting January 2012.*

Doctor/Group/Company: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

(Email address used for electronic updates as well as complementary order reminders)

Members: Cost per book \$12.00	QUANTITY:	NO SHIPPING	E-MAIL UPDATES:	TOTAL DUE:
			YES NO \$10	
Non Member Physicians Cost per book \$31.00	QUANTITY:	Plus Shipping \$4.00 (1-3 books) \$7.00 (4-6 books)	E-MAIL UPDATES:	TOTAL DUE:
			YES NO \$10	
Hospitals & Pharmacies Cost per book \$21.00	QUANTITY:	Plus Shipping \$4.00 (1-3 books) \$7.00 (4-6 books)	E-MAIL UPDATES:	TOTAL DUE:
			YES NO \$10	
Medical Service Providers Cost per book \$47.00	QUANTITY:	Plus Shipping \$4.00 (1-3 books) \$7.00 (4-6 books)	E-MAIL UPDATES:	TOTAL DUE:
			YES NO \$10	
Non Medical & Pharmaceutical Reps Cost per book \$57.00	QUANTITY:	Plus Shipping \$4.00 (1-3 books) \$7.00 (4-6 books)	E-MAIL UPDATES:	TOTAL DUE:
			YES NO \$10	

Orders of 7 or more must be picked up at the MSSC office in late December.

If you are located outside of the Wichita area, please contact the MSSC office to arrange UPS Shipping.

Your order and category selection above are subject to our approval.

To pay by check, make payable and mail to:

Medical Society of Sedgwick County Attn: Susan
 1102 S Hillside, Wichita, KS 67211

To pay by credit card, complete the following and fax to 316-683-0855 or mail to address above:

Visa or MasterCard Number: _____

Exp. Date: _____ 3 digit security code: _____

Name on card: _____

Billing address: _____