



**MSSC**

1102 S Hillside, Wichita, KS 67211  
316-683-7557 Fax 316-683-0855  
susanbutcher@med-soc.org

# 2011 ROSTER ORDER FORM

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 15, 2010** \*\*.

***NEW FOR 2011:** We are now offering 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 in January 2011.*

Doctor/Group/Company: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Members:	QUANTITY:		E-MAIL UPDATES:	TOTAL DUE:
Cost per book <b>\$12.00</b>		NO SHIPPING	\$10	
Non Member Physicians	QUANTITY:		E-MAIL UPDATES:	TOTAL DUE:
Cost per book <b>\$31.00</b>		Plus Shipping \$3.00 (1-3 books) \$6.00 (4-6 books)	\$10	
Hospitals & Pharmacies	QUANTITY:		E-MAIL UPDATES:	TOTAL DUE:
Cost per book <b>\$21.00</b>		Plus Shipping \$3.00 (1-3 books) \$6.00 (4-6 books)	\$10	
Medical Service Providers	QUANTITY:		E-MAIL UPDATES:	TOTAL DUE:
Cost per book <b>\$47.00</b>		Plus Shipping \$3.00 (1-3 books) \$6.00 (4-6 books)	\$10	
Non Medical & Pharmaceutical Reps	QUANTITY:		E-MAIL UPDATES:	TOTAL DUE:
Cost per book <b>\$57.00</b>		Plus Shipping \$3.00 (1-3 books) \$6.00 (4-6 books)	\$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: \_\_\_\_\_