



# MSSC

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## 2017 ROSTER LATE ORDER FORM

The annual Medical Society of Sedgwick County membership roster is now being compiled. Please note, as this is a late order, your order is subject to availability.

*Stay up to date with information on phone, fax, address and practice changes with monthly e-mail updates.  
Price below reflects a one year subscription starting January 2017.*

Doctor/Group/Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

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

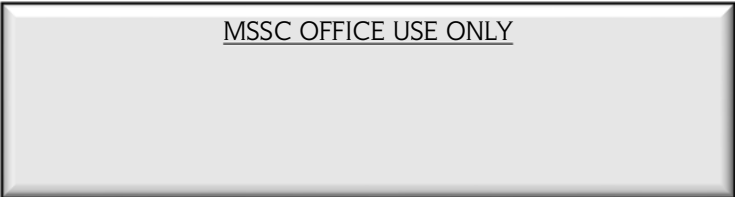
(Email address used for electronic updates as well as complementary order reminders)

Members:	QUANTITY:	SHIPPING:	E-MAIL UPDATES:	TOTAL DUE:
Cost per book \$12.00		\$2.00 (1-3 books) \$4.00 (4-6 books) <small>*For 7 or more see below</small>	\$10 SUBSCRIBE: Yes No	
Non Member Physicians	QUANTITY:	SHIPPING:	E-MAIL UPDATES:	TOTAL DUE:
Cost per book \$40.00		\$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small>	\$10 SUBSCRIBE: Yes No	
Hospitals & Pharmacies	QUANTITY:	SHIPPING:	E-MAIL UPDATES:	TOTAL DUE:
Cost per book \$21.00		\$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small>	\$10 SUBSCRIBE: Yes No	
Medical Service Providers	QUANTITY:	SHIPPING:	E-MAIL UPDATES:	TOTAL DUE:
Cost per book \$50.00		\$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small>	\$10 SUBSCRIBE: Yes No	
Non Medical & Pharmaceutical Reps	QUANTITY:	SHIPPING:	E-MAIL UPDATES:	TOTAL DUE:
Cost per book \$60.00		\$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small>	\$10 SUBSCRIBE: Yes No	

\*Orders of 7 or more must be picked up at the MSSC office when released in December. If you are located outside of the Wichita area, please contact MSSC to arrange UPS Shipping.

*Order and above category selection are subject to MSSC 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/email to address above:

Visa or MasterCard Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Do you need a receipt? \_\_\_\_\_ Yes \_\_\_\_\_ No -- Emailed/Mailed to address above (circle one)