



MSSC

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2018 ROSTER ORDER FORM

The annual Medical Society of Sedgwick County 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 AUGUST 15, 2017 **.

*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 2018.*

Doctor/Group/Company: _____ Contact: _____

Address: _____

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

Email Address: _____

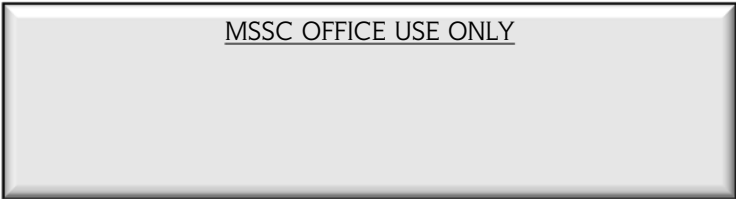
(Email address used for electronic updates as well as complementary order reminders)

| 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 | |
| Non Member Physicians | QUANTITY: | SHIPPING: | E-MAIL UPDATES: | TOTAL DUE: |
| Cost per book \$35.00 | | \$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small> | \$10 | |
| Hospitals & Pharmacies | QUANTITY: | SHIPPING: | E-MAIL UPDATES: | TOTAL DUE: |
| Cost per book \$16.00 | | \$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small> | \$10 | |
| Medical Service Providers | QUANTITY: | SHIPPING: | E-MAIL UPDATES: | TOTAL DUE: |
| Cost per book \$45.00 | | \$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small> | \$10 | |
| Non Medical & Pharmaceutical Reps | QUANTITY: | SHIPPING: | E-MAIL UPDATES: | TOTAL DUE: |
| Cost per book \$55.00 | | \$4.00 (1-3 books) \$7.00 (4-6 books) <small>*For 7 or more see below</small> | \$10 | |

*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: Katherine
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)

** After August 15th, orders are subject to a \$5 per book late order fee