



# 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)

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- 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.**

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

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