



For your family's health

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) _____
- Overnight (allow 3-4 days)
- 2-Day (allow 4-6 days)

Applications Maximum order quantity 300 per language.

Language	Qty	Language	Qty
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
<input type="checkbox"/> Arabic		<input type="checkbox"/> Hmong	
<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean	
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian	
<input type="checkbox"/> Chinese		<input type="checkbox"/> Tagalog	
<input type="checkbox"/> Farsi		<input type="checkbox"/> Vietnamese	

Pub 406 Includes all languages.

Handbooks Maximum order quantity 300 per language.

Language	Qty	Language	Qty
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean	
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian	
<input type="checkbox"/> Chinese		<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Farsi			
<input type="checkbox"/> Hmong			

PUB 406 (Errata to the joint application) is automatically included if necessary. You may order additional inserts if needed.

Displays

Item	Qty
<input type="checkbox"/> 8.5 x 11 Cardboard Display (PUB 85)	
<input type="checkbox"/> English/Spanish Tear-Off Pad (PUB 52)	

All information is required to process your order.

Mailing Information Residence Business

Organization Name: _____

Delivery Address: _____
 (No P.O. Boxes)

City: _____

Contact Person Name: _____

Phone: _____

Email Address: _____

Fax: _____

Zip Code: _____

Organization Category

Please indicate the category your Organization represents.

Organization/Person ordering the material:

Check the appropriate box (required)

EE CAA

Number (required)

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Shipping Date

Shipping ID

Order ID