



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)

For Internal Use Only >

Shipping Date

Shipping ID

Order ID