

# 2009 Internal Medicine Group Order/Registration Form

(Photocopy this form as needed if ordering for more than 5 individuals)

This is page \_\_\_\_ of a total of \_\_\_\_ pages for this order.

## Step 1 Requirements for Group Orders:

- The following criteria must be met to qualify for Group Discount pricing: (\* Some restrictions may apply)
- 1) Minimum 5 orders of **SAME PRODUCT**
  - 2) All names of product buyers must be clearly printed/typed and submitted with your order.
  - 3) All products will be sent in one shipment to one address with one contact name.
  - 4) One payment must be submitted (i.e., one check or money order or one credit card payment) for all products ordered.

**NOTE: Minimum 5 orders for SAME PRODUCT required to qualify for Group Discount pricing.**

## Step 2 Shipping Address and Contact Information

Name of Residency Program: (if applicable) \_\_\_\_\_ Number of individuals in this Group Order \_\_\_\_\_  
Contact Name for this Group Order \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Shipping Address (This will be the delivery address for entire Group Order) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Step 3 Order Information

Complete each individual buyer's information and indicate products ordered.

# _____	Name _____ Phone (____) _____	<b>Check all that apply:</b> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Resident (indicate year) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Anticipated Board Exam Date: _____ Year of initial certification: _____
	Address _____ (NOTE: Orders will NOT be shipped to this address. Group Orders are shipped to one Shipping address listed under "Contact Information" above)	
	City _____ State _____ Zip _____ Email _____	
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Internal Medicine Core Curriculum (13th Ed) <input type="checkbox"/> 2010 ABIM Intensive Certification Review <input type="checkbox"/> 2010 Video Board Review of IM on DVD (* Update to Vol 2 IM Q&A; previously published in 2003)	<b>Internal Medicine Board-Style Questions &amp; Answers</b> <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 4 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> 2009* (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)

  

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	Address _____ (NOTE: Orders will NOT be shipped to this address. Group Orders are shipped to one Shipping address listed under "Contact Information" above)	
	City _____ State _____ Zip _____ Email _____	
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Internal Medicine Core Curriculum (13th Ed) <input type="checkbox"/> 2010 ABIM Intensive Certification Review <input type="checkbox"/> 2010 Video Board Review of IM on DVD (* Update to Vol 2 IM Q&A; previously published in 2003)	<b>Internal Medicine Board-Style Questions &amp; Answers</b> <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 4 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> 2009* (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)

  

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	Address _____ (NOTE: Orders will NOT be shipped to this address. Group Orders are shipped to one Shipping address listed under "Contact Information" above)	
	City _____ State _____ Zip _____ Email _____	
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Internal Medicine Core Curriculum (13th Ed) <input type="checkbox"/> 2010 ABIM Intensive Certification Review <input type="checkbox"/> 2010 Video Board Review of IM on DVD (* Update to Vol 2 IM Q&A; previously published in 2003)	<b>Internal Medicine Board-Style Questions &amp; Answers</b> <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 4 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> 2009* (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)

  

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	Address _____ (NOTE: Orders will NOT be shipped to this address. Group Orders are shipped to one Shipping address listed under "Contact Information" above)	
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# _____	Name _____ Phone (____) _____	<b>Check all that apply:</b> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Resident (indicate year) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Anticipated Board Exam Date: _____ Year of initial certification: _____
	Address _____ (NOTE: Orders will NOT be shipped to this address. Group Orders are shipped to one Shipping address listed under "Contact Information" above)	
	City _____ State _____ Zip _____ Email _____	
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Internal Medicine Core Curriculum (13th Ed) <input type="checkbox"/> 2010 ABIM Intensive Certification Review <input type="checkbox"/> 2010 Video Board Review of IM on DVD (* Update to Vol 2 IM Q&A; previously published in 2003)	<b>Internal Medicine Board-Style Questions &amp; Answers</b> <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 4 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> 2009* (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)

**Note:** Complete Steps 4 and 5 on the FIRST PAGE of your Group Order form only. Not required on additional pages, if any.

## Step 4 Calculate Total Group Order Amount

See pricing page for instructions and worksheet to calculate your Group Order and Group shipping amount. (Total amounts subject to verification by MedStudy)

\$ \_\_\_\_\_

All orders MUST include applicable shipping payment.  
Colorado residents add 3% sales tax.

## Step 5 Payment Information

Purchase Order (For use by Institutions only. A copy of P.O. must be included with your order form.) P.O. # \_\_\_\_\_  
 Enclosed is a check or money order (U.S. funds) for total amount payable to MedStudy  
 VISA  MasterCard Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Cardholder Signature (required) \_\_\_\_\_

## Step 6 To Place Your Order

**Phone:** Call 1-800-841-0547  
**FAX:** Fax completed order form to 1-719-520-5973  
**Mail:** Send this form along with payment to MedStudy, P.O. Box 38148, Colorado Springs, CO 80937-8148

**Questions?**  
Call MedStudy Customer Service at 1-800-841-0547, or E-mail us at: customerservice@medstudy.com

**Billing Address** (if different from Shipping address above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



# MedStudy Internal Medicine Group Order Product Prices and Shipping Rates

(\* Some restrictions may apply)

**Requirements for Group Orders:** The following criteria must be met to qualify for Group Discount Pricing

- 1) **Minimum 5 orders of SAME PRODUCT**
- 2) All names of product buyers must be clearly printed/typed and submitted with your order.
- 3) All products will be sent in one shipment to one address with one contact name.
- 4) One payment must be submitted (i.e., one check or money order or one credit card payment) for all products ordered.

**NOTE:** Minimum 5 orders for SAME PRODUCT required to qualify for Group Discount pricing.

## How to Calculate Group Order Amount

- First: Calculate your PRODUCTS total (Step 1)  
 Next: Calculate your SHIPPING (Steps 2 thru 5)  
 Then: Add Products Total + Shipping Total (Step 6)

**Questions?** If you have any questions regarding how to calculate your order pricing/amounts, please call MedStudy Customer Service at 1-800-841-0547.

## IM Core Curriculum Group Pricing

(per each product)

Quantity Ordered	Internal Medicine Core Curriculum Prices
1-4	\$395 ea
5-9	\$370 ea
10-14	\$355 ea
15-19	\$330 ea
20-34	\$315 ea
35-69	\$285 ea
70-94	\$235 ea
95+	\$210 ea

## IM Board-Style Q&A's Group Pricing

(per each product)

**NOTE:** Use the total number of both Q&A formats in your order to determine the group price. Board-Style Questions & Answers are not required to be the same format. (e.g., 3 Q&A CD-ROMs + 2 Q&A Books qualifies for 5 Q&A products price).

Quantity Ordered	Internal Medicine Q&A Prices (prices are the same for book or CD-ROM formats)	Special Product Pricing for Q&A's Purchased with Core Curriculum <small>Books or CD-ROM (when purchased at same time with EQUAL OR HIGHER number of Cores.)</small>
1-4	\$149 ea	\$99 ea
5-9	\$140 ea	\$99 ea
10-14	\$135 ea	\$95 ea
15-19	\$125 ea	\$90 ea
20-34	\$120 ea	\$85 ea
35-69	\$110 ea	\$80 ea
70-94	\$95 ea	\$75 ea
95+	\$85 ea	\$70 ea

## Video Board Review of IM Group Pricing

(per each product)

Quantity Ordered	Video Board Review of Internal Medicine Prices
1-4	\$1,395 ea (DVD)
5-9	\$1,225 ea (DVD)
10-14	\$1,170 ea (DVD)
15-19	\$1,100 ea (DVD)
20+	\$1,030 ea (DVD)

## ABIM Intensive Certification Review Course Group Pricing

Number of Registrants	Registration Fee
1-4	\$1,395 per person / \$1,095 per person for residents**
5+	\$1,095 per person

Shipping Rates subject to change without notice.

(\*\*proof of resident status required.)

## Step 1 Calculate Group Product Prices (using quantity prices from tables at left)

Number of **IM Core Curricula** \_\_\_\_\_ Price each at that quantity \_\_\_\_\_ Product Subtotals \_\_\_\_\_  
 \_\_\_\_\_ X \$ \_\_\_\_\_ ea. = \$ \_\_\_\_\_

Number of **IM Board-Style Q&A's** \_\_\_\_\_ Price each at that quantity \_\_\_\_\_  
 \_\_\_\_\_ X \$ \_\_\_\_\_ ea. = \$ \_\_\_\_\_

Number of **Video Board Reviews** \_\_\_\_\_ Price each at that quantity \_\_\_\_\_  
 \_\_\_\_\_ X \$ \_\_\_\_\_ ea. = \$ \_\_\_\_\_

Number of **Review Course Registrations** \_\_\_\_\_ Price each at that quantity \_\_\_\_\_  
 \_\_\_\_\_ X \$ \_\_\_\_\_ ea. = \$ \_\_\_\_\_

**Total Product Price Amount** (add product subtotals from above) \$

## Step 2 Calculate your shipping weight

Fill in blanks as applicable to your order

Number of **Core Curricula** ordered: \_\_\_\_\_ x 6 lbs = \_\_\_\_\_ lbs

Number of **Q&A Books** ordered: \_\_\_\_\_ x 4 lbs = \_\_\_\_\_ lbs

Number of **Q&A CD-ROMs** ordered: \_\_\_\_\_ x 1 lbs = \_\_\_\_\_ lbs

Number of **Video Board Reviews** ordered: \_\_\_\_\_ x 7 lbs = \_\_\_\_\_ lbs

Add above weights to calculate **total shipping weight** \_\_\_\_\_ lbs

## Step 3 Find your per pound shipping rate based on delivery location

**Rates per pound:**

Contiguous 48 states (standard 2-5 day delivery) .....	\$1.50
Contiguous 48 states (overnight express delivery) .....	\$4.00
Hawaii & Alaska .....	\$3.00
Puerto Rico .....	\$3.00
Canada.....	\$2.60

## Step 4 Find your handling fee based on delivery location

Contiguous 48 states (standard 2-5 day delivery) .....	\$10.50
Contiguous 48 states (overnight express delivery) .....	\$12.00
Hawaii & Alaska .....	\$15.00
Puerto Rico .....	\$15.00
Canada.....	\$25.00

## Step 5 Calculate your shipping amount (choose A or B based on weight)

**A) Orders weighing less than 40 lbs** complete the following:

Total Shipping Weight \_\_\_\_\_ X per pound shipping rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(from step 2) (from step 3)

+ handling fee (from step 4) \$ \_\_\_\_\_

**Total shipping amount** \$

**B) Orders weighing more than 40 lbs** complete the following:

First 40 lbs shipping & handling = \$ 70.50

+ Number of lbs over 40 \_\_\_\_\_ X 0.4 = \$ \_\_\_\_\_

**Total shipping amount** \$

## Step 6 Calculate Total Order Amount

Total Product Amount \$ \_\_\_\_\_ + Total Shipping Amount \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(from step 1) (from step 5)

**Enter this Total Order Amount in Step 4 on Page 1**  
(Total amounts subject to verification by MedStudy)

**Questions or problems using this form?**

Call MedStudy Customer Service at 1-800-841-0547,  
 or E-mail us at: customerservice@medstudy.com