

# 2013 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:

- 1) A minimum is 5 orders of the **SAME PRODUCT**.
- 2) All names **and email addresses** of product users must be clearly printed/typed and submitted with your order.
- 3) All print 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.

(\* Some restrictions may apply)

**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) \_\_\_\_\_  
Contact Name for this Group Order \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Shipping Address (this will be the delivery address for entire Group Order) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
(For contact purposes only—not for delivery of online products)

Number of individuals in this Group Order \_\_\_\_\_

## Step 3 Order Information: Complete each individual buyer's information and indicate products ordered.

# \_\_\_\_\_ Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
(NOTE: Print 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 (required) \_\_\_\_\_  
**Product(s) ordered for this individual:**  
 IM Core Curriculum (15<sup>th</sup> Ed)  
 2013–2014 IM Core Scripts®  
 2014 IM Intensive Certification Review Course  
 2013 Video Board Review of IM (indicate format:  Online  DVD)  
**Internal Medicine Board-Style Questions & Answers**  
 2013 (indicate format:  Online  Books)  
 2011 (indicate format:  CD-ROM  Books)  
 2009 (indicate format:  CD-ROM  Books)  
Check all that apply:  
 Initial Certification  
 Recertification  
 Resident (indicate year)  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
Anticipated Board Exam Date: \_\_\_\_\_  
Year of initial certification: \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
(NOTE: Print 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 (required) \_\_\_\_\_  
**Product(s) ordered for this individual:**  
 IM Core Curriculum (15<sup>th</sup> Ed)  
 2013–2014 IM Core Scripts®  
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**Internal Medicine Board-Style Questions & Answers**  
 2013 (indicate format:  Online  Books)  
 2011 (indicate format:  CD-ROM  Books)  
 2009 (indicate format:  CD-ROM  Books)  
Check all that apply:  
 Initial Certification  
 Recertification  
 Resident (indicate year)  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
Anticipated Board Exam Date: \_\_\_\_\_  
Year of initial certification: \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
(NOTE: Print 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 (required) \_\_\_\_\_  
**Product(s) ordered for this individual:**  
 IM Core Curriculum (15<sup>th</sup> Ed)  
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Check all that apply:  
 Initial Certification  
 Recertification  
 Resident (indicate year)  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
Anticipated Board Exam Date: \_\_\_\_\_  
Year of initial certification: \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
(NOTE: Print 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 (required) \_\_\_\_\_  
**Product(s) ordered for this individual:**  
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 Resident (indicate year)  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
Anticipated Board Exam Date: \_\_\_\_\_  
Year of initial certification: \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
(NOTE: Print 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 (required) \_\_\_\_\_  
**Product(s) ordered for this individual:**  
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Check all that apply:  
 Initial Certification  
 Recertification  
 Resident (indicate year)  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
Anticipated Board Exam Date: \_\_\_\_\_  
Year of initial certification: \_\_\_\_\_

**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 shipping payment, if applicable.  
Applicable sales tax will be added to Colorado and Texas orders.

## Step 5 Payment Information

Purchase Order (For use by institutions only. A copy of P.O. must be included with your order form.)  
 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) \_\_\_\_\_

P.O. # \_\_\_\_\_

## 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, 1455 Quail Lake Loop Colorado Springs, CO 80906

## Billing Address (if different from Shipping Address above)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Important Credit Card Note on Billing & Shipping:** If you are ordering products that are not yet available for shipping, your credit card will be charged when your order is placed, and the product(s) will be shipped upon release. If you do not wish to have the charge on your card prior to actual shipping date, you should order only those products that are available for immediate shipping. If you have any questions about this, please call 1-800-841-0547 before placing your order.

# 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) **A minimum is 5 orders of the 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.
- Tip:** With Core Curricula, Core Scripts, and Q&As, you will generally lower your total costs by first creating as many 3-product combos as you can. Price these by quantity per the combo table and then price any remaining non-combo products by quantity per the individual product table.

**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 (Step 2)

Then: Add Products Total + Shipping Total (Step 3)

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

## Group Pricing (price per 3-product combo of Core Curriculum + Core Scripts + Q&A)

Each combo must include 1 IM Core Curriculum + 1 IM Core Scripts® + 1 IM Q&A product (any volume Q&A in either book or software format)

Quantity Ordered	
1-4 combos	\$740 ea
5-9 combos	\$700 ea
10-19 combos	\$660 ea
20-34 combos	\$625 ea
35-54 combos	\$600 ea
55-74 combos	\$550 ea
75-99 combos	\$500 ea
100+ combos	\$475 ea

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

Number of Core/Core Scripts®/Q&A <u>Combos</u>	X	Price each at that quantity	=	Product cost subtotals
_____		\$ _____ ea.		\$ _____
Number of <u>individual</u> * IM Core Curricula		Price each at that quantity		Product cost subtotals
_____		\$ _____ ea.		\$ _____
Number of <u>individual</u> * IM Core Scripts®		Price each at that quantity		Product cost subtotals
_____		\$ _____ ea.		\$ _____
Number of <u>individual</u> * IM Q&A products		Price each at that quantity		Product cost subtotals
_____		\$ _____ ea.		\$ _____
Number of IM Video Reviews – Online		Price each at that quantity		Product cost subtotals
_____		\$ _____ ea.		\$ _____
Number of IM Video Reviews – DVD		Price each at that quantity		Product cost subtotals
_____		\$ _____ ea.		\$ _____
Number of Review Course Registrants		Price each at that quantity		Product cost subtotals
_____		\$ _____ ea.		\$ _____

(\* "individual" means not part of any combo)

Total **PRODUCT COSTS** (add product subtotals from above) \$

## Group Pricing (price per individual product that is not part of any combo)

Quantity Ordered	IM Core Curriculum	IM Core Scripts®	IM Board-Style Q&A
1-4	\$465 ea	\$175 ea	\$175 ea
5-9	\$420 ea	\$140 ea	\$140 ea
10-19	\$400 ea	\$130 ea	\$130 ea
20-34	\$375 ea	\$125 ea	\$125 ea
35-54	\$360 ea	\$120 ea	\$120 ea
55-74	\$330 ea	\$110 ea	\$110 ea
75-99	\$320 ea	\$90 ea	\$90 ea
100+	\$305 ea	\$85 ea	\$85 ea

## Step 2

### FREE Shipping!

Standard ground shipping (2-5 day delivery) is free to anywhere in the 48 contiguous states. For overnight express delivery, for delivery to Hawaii, Alaska, Puerto Rico or Canada, or for delivery to other international addresses, please call 1-800-841-0547 for assistance.

## Step 3 Calculate the Total Amount of your order

Total Product Amount \$ \_\_\_\_\_ + Total Shipping Amount \$ \_\_\_\_\_ = \$   
(from step 1) (from step 2)

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

## Group Pricing of IM Video Board Review

(per online or DVD product)

Quantity Ordered	Video Board Review of Internal Medicine – Online	Video Board Review of Internal Medicine – DVD
1-4	\$1,495 ea	\$1,545 ea
5-9	\$1,325 ea	\$1,375 ea
10-14	\$1,275 ea	\$1,325 ea
15-19	\$1,200 ea	\$1,250 ea
20+	\$1,125 ea	\$1,175 ea

## Group Pricing of IM Intensive Certification Review Course

(per registrant)

Number of Registrants	Registration Fee
1-4	\$1,545 per person/\$1,245 per person for residents**
5+	\$1,245 per person

Shipping Rates subject to change without notice.

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

### Questions or problems using this form?

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