

# 2013 Pediatrics 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) 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.

**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 \_\_\_\_\_  
(For contact purposes only—not for delivery of online products)

## Step 3 Order Information:

# _____	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"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
	Address _____		Anticipated Board Exam Date: _____
	(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) _____		
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Pediatrics Core Curriculum (5 <sup>th</sup> Edition) <input type="checkbox"/> 2012–2013 Peds Flash Cards™ OUT OF STOCK <input type="checkbox"/> 2013 Peds Intensive Board Review Course <input type="checkbox"/> 2013 Peds Video Board Review (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> DVD)	<b>Pediatrics Board-Style Questions &amp; Answers</b> <input type="checkbox"/> 2012 (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> Books) <input type="checkbox"/> 2010 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)	Year of initial certification: _____
# _____	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"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
	Address _____		Anticipated Board Exam Date: _____
	(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) _____		
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Pediatrics Core Curriculum (5 <sup>th</sup> Edition) <input type="checkbox"/> 2012–2013 Peds Flash Cards™ OUT OF STOCK <input type="checkbox"/> 2013 Peds Intensive Board Review Course <input type="checkbox"/> 2013 Peds Video Board Review (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> DVD)	<b>Pediatrics Board-Style Questions &amp; Answers</b> <input type="checkbox"/> 2012 (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> Books) <input type="checkbox"/> 2010 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)	Year of initial certification: _____
# _____	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"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
	Address _____		Anticipated Board Exam Date: _____
	(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) _____		
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Pediatrics Core Curriculum (5 <sup>th</sup> Edition) <input type="checkbox"/> 2012–2013 Peds Flash Cards™ OUT OF STOCK <input type="checkbox"/> 2013 Peds Intensive Board Review Course <input type="checkbox"/> 2013 Peds Video Board Review (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> DVD)	<b>Pediatrics Board-Style Questions &amp; Answers</b> <input type="checkbox"/> 2012 (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> Books) <input type="checkbox"/> 2010 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)	Year of initial certification: _____
# _____	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"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
	Address _____		Anticipated Board Exam Date: _____
	(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) _____		
<b>Product(s) ordered for this individual:</b>	<input type="checkbox"/> Pediatrics Core Curriculum (5 <sup>th</sup> Edition) <input type="checkbox"/> 2012–2013 Peds Flash Cards™ OUT OF STOCK <input type="checkbox"/> 2013 Peds Intensive Board Review Course <input type="checkbox"/> 2013 Peds Video Board Review (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> DVD)	<b>Pediatrics Board-Style Questions &amp; Answers</b> <input type="checkbox"/> 2012 (indicate format: <input type="checkbox"/> Online <input type="checkbox"/> Books) <input type="checkbox"/> 2010 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books) <input type="checkbox"/> Volume 3 (indicate format: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Books)	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.) **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, 1455 Quail Lake Loop, Colorado Springs, CO 80906

**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.

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

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

# MedStudy Pediatrics 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 and Q&As, you will generally lower your total costs by first creating as many 2-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 2-product combo of Core Curriculum + Q&A)

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

Quantity Ordered	
1-4 combos	\$590 ea
5-9 combos	\$560 ea
10-19 combos	\$530 ea
20-34 combos	\$500 ea
35-54 combos	\$480 ea
55-74 combos	\$440 ea
75-99 combos	\$410 ea
100+ combos	\$390 ea

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

Number of Core/Q&A Combos	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
Number of <u>individual</u> * Peds Core Curricula	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
Number of <u>individual</u> * Peds Flash Cards™	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
_____ OUT OF STOCK _____	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
Number of <u>individual</u> * Peds Q&A products	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
Number of Peds Video Reviews – Online	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
Number of Peds Video Reviews – DVD	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
Number of Review Course Registrants	_____	X	\$ _____ ea.	=	\$ _____
Product cost subtotals					
_____	_____	X	\$ _____ 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	Peds Core Curriculum	Peds Flash Cards™ OUT OF STOCK	Peds 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)

## Group Pricing of Peds Video Board Review

(per online or DVD product)

Quantity Ordered	Video Board Review of Pediatrics – Online	Video Board Review of Pediatrics – DVD
1-4	\$1,125 ea	\$1,175 ea
5-9	\$1,000 ea	\$1,050 ea
10-14	\$950 ea	\$1,000 ea
15-19	\$900 ea	\$950 ea
20+	\$850 ea	\$900 ea

**Enter this Total Order Amount in Step 4 on Page 1**

(Total amounts subject to verification by MedStudy)

## Group Pricing of Peds Intensive Review Course

(per registrant)

Number of Registrants	Registration Fee
1-4	\$1,160 per person/\$1,060 per person for residents**
5+	\$1,060 per person

### Questions or problems using this form?

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