

Illinois State Medical Society

Order form for advance directive brochure "A Personal Decision"

To place an order please fill out the information requested below and mail in the form with a check made payable to the: Illinois State Medical Society

Name:	_____
Company Name:	_____
Attention:	_____ Phone: _____
Company Address:	_____
City:	_____ State: _____ Zip: _____
Quantity needed:	_____ Cost per copy: _____ Total: \$ _____

Pricing as follows: (Please note price increase effective January 1, 2016)

1 - 999 @ .85/copy
1,000 - 2,999 @ .75/copy
3,000 - 4,999 @ .65/copy
5,000 - 9,999 @ .60/copy
10,000 + @ .55/copy

ISMS physician members may receive up to 300 free print copies per year.

Enclose this form with a check made payable to: Illinois State Medical Society and mail to:
Purchasing Dept.
Illinois State Medical Society
20 N. Michigan Ave, Suite 700
Chicago, IL 60602

**NO CREDIT CARDS OR PURCHASE ORDERS ACCEPTED
FREE SHIPPING AND NO TAXES CHARGED**

If you have any questions, e-mail purchasing@isms.org or call 312-853-1638 or 800-782-4767.

Office Use Only	ISMS Member	_____ YES _____ No	Date Received: _____
Amount Enclosed: \$	_____	Check # _____	Date Shipped: _____