

SOUTH DAKOTA STATE MEDICAL ASSOCIATION

Values. Ethics. Advocacy.

PHYSICIAN DIRECTORY ORDER FORM

YES! I want to order the most current SDSMA Physician Directory.

If you wish to order additional physician directories, you may do so by sending this order form along with a check payable to the SDSMA.

If you are a tax-exempt entity, please include your tax ID number in the request. If you are not a tax-exempt entity, please add the state tax and your city tax to the amounts below. The prices for each directory are:

	<u>Price Each</u>	<u>Quantity Ordered</u>	<u>Sales Tax</u>	<u>Total Amt Due</u>
1) SDSMA members	\$25	_____	_____	\$ _____
2) Clinics	\$35	_____	_____	\$ _____
3) State agencies	\$45	_____	_____	\$ _____
4) Hospitals	\$45	_____	_____	\$ _____
5) Non-member physicians	\$100	_____	_____	\$ _____
6) Commercial companies	\$150	_____	_____	\$ _____

BE SURE TO ADD STATE AND CITY SALES TAX TO THESE AMOUNTS IF YOU ARE ORDERING FOR A TAXABLE ENTITY.

Organization Name _____ Date _____

Contact Person _____ Tax-Exempt # _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Check enclosed (make payable to SDSMA).

Return this order form with payment to:
SDSMA, PO Box 7406, Sioux Falls, SD 57117-7406