



2012 PUBLICATION OR PRODUCT ORDER FORM

Orders must be requested in writing using this form.

Mail, fax, or E-mail order forms to:
South Dakota State Medical Association
Attn: Membership Services
PO Box 7406
Sioux Falls, SD 57117-7406

Telephone: 605.336.1965
Fax: 605.274.3274
E-mail: dtoay@sdsma.org

Date: _____

Organization: _____

Contact Person's Name: _____

Address: _____

E-Mail Address: _____

Date Ordered: _____

Purchase Order or Check Number: _____

Tax Exempt Status: _____

Tax Exempt Number (if applicable): _____

DISTRICT SOCIETIES

<input type="checkbox"/> DS01	Aberdeen	<input type="checkbox"/> DS05	Huron	<input type="checkbox"/> DS09	Black Hills	<input type="checkbox"/>	All Districts
<input type="checkbox"/> DS02	Watertown	<input type="checkbox"/> DS06	Mitchell	<input type="checkbox"/> DS10	Rosebud		
<input type="checkbox"/> DS03	Madison/Brookings	<input type="checkbox"/> DS07	Sioux Falls	<input type="checkbox"/> DS11	Northwest		
<input type="checkbox"/> DS04	Pierre	<input type="checkbox"/> DS08	Yankton	<input type="checkbox"/> DS12	Whetstone		

COUNTIES (County)

<input type="checkbox"/> 10	Aurora	<input type="checkbox"/> 150	Corson	<input type="checkbox"/> 290	Hand	<input type="checkbox"/> 450	Marshall	<input type="checkbox"/> 570	Spink
<input type="checkbox"/> 20	Beadle	<input type="checkbox"/> 160	Custer	<input type="checkbox"/> 300	Hanson	<input type="checkbox"/> 440	McCook	<input type="checkbox"/> 580	Stanley
<input type="checkbox"/> 30	Bennett	<input type="checkbox"/> 170	Davison	<input type="checkbox"/> 310	Harding	<input type="checkbox"/> 440	McPherson	<input type="checkbox"/> 590	Sully
<input type="checkbox"/> 40	Bon Homme	<input type="checkbox"/> 180	Day	<input type="checkbox"/> 320	Hughes	<input type="checkbox"/> 460	Meade	<input type="checkbox"/> 600	Todd
<input type="checkbox"/> 50	Brookings	<input type="checkbox"/> 190	Deuel	<input type="checkbox"/> 330	Hutchinson	<input type="checkbox"/> 470	Mellette	<input type="checkbox"/> 610	Tripp
<input type="checkbox"/> 60	Brown	<input type="checkbox"/> 200	Dewey	<input type="checkbox"/> 340	Hyde	<input type="checkbox"/> 480	Miner	<input type="checkbox"/> 620	Turner
<input type="checkbox"/> 70	Brule	<input type="checkbox"/> 210	Douglas	<input type="checkbox"/> 350	Jackson	<input type="checkbox"/> 490	Minnehaha	<input type="checkbox"/> 630	Union
<input type="checkbox"/> 80	Buffalo	<input type="checkbox"/> 220	Edmunds	<input type="checkbox"/> 360	Jerauld	<input type="checkbox"/> 500	Moody	<input type="checkbox"/> 640	Walworth
<input type="checkbox"/> 90	Butte	<input type="checkbox"/> 230	Fall River	<input type="checkbox"/> 370	Jones	<input type="checkbox"/> 510	Pennington	<input type="checkbox"/> 670	Yankton
<input type="checkbox"/> 100	Campbell	<input type="checkbox"/> 240	Faulk	<input type="checkbox"/> 380	Kingsbury	<input type="checkbox"/> 520	Perkins	<input type="checkbox"/> 680	Ziebach
<input type="checkbox"/> 110	Charles Mix	<input type="checkbox"/> 250	Grant	<input type="checkbox"/> 390	Lake	<input type="checkbox"/> 530	Potter		
<input type="checkbox"/> 120	Clark	<input type="checkbox"/> 260	Gregory	<input type="checkbox"/> 400	Lawrence	<input type="checkbox"/> 540	Roberts		
<input type="checkbox"/> 130	Clay	<input type="checkbox"/> 270	Haakon	<input type="checkbox"/> 410	Lincoln	<input type="checkbox"/> 550	Sanborn		
<input type="checkbox"/> 140	Codington	<input type="checkbox"/> 280	Hamlin	<input type="checkbox"/> 420	Lyman	<input type="checkbox"/> 560	Shannon		

MEDICAL SPECIALTIES (Primary_Specialty)

<input type="checkbox"/> A	Allergy	<input type="checkbox"/> GYN	Gynecology	<input type="checkbox"/> OSM	Sports Medicine ORS	<input type="checkbox"/> RHU	Rheumatology
<input type="checkbox"/> ADL	Adolescent Medicine	<input type="checkbox"/> GYS	Gynecologic Surgery	<input type="checkbox"/> OSS	ORS, Spine Surgery	<input type="checkbox"/> RIP	Radioisotopic Radiology
<input type="checkbox"/> ADM	Addiction Medicine	<input type="checkbox"/> HEM	Hematology	<input type="checkbox"/> OT	Otology	<input type="checkbox"/> RNR	Neuroradiology
<input type="checkbox"/> ADP	Addiction Psychiatry	<input type="checkbox"/> HEP	Hepatology	<input type="checkbox"/> OTO	Otolaryngology	<input type="checkbox"/> RO	Radiation Oncology
<input type="checkbox"/> AI	Allergy & Immunology	<input type="checkbox"/> HMP	HEM Pathology	<input type="checkbox"/> OTR	Trauma ORS	<input type="checkbox"/> RP	Radiological Physics
<input type="checkbox"/> ALI	AL-Diag Lab IM	<input type="checkbox"/> HNS	Head & Neck Surgery	<input type="checkbox"/> P	Psychiatry	<input type="checkbox"/> SCI	Spinal Cord Injury
<input type="checkbox"/> AM	Aerospace Medicine	<input type="checkbox"/> HO	Hematologic Oncology	<input type="checkbox"/> PA	Clinical Pharmacology	<input type="checkbox"/> SM	Sleep Medicine
<input type="checkbox"/> AMI	Adolescent Medicine (IM)	<input type="checkbox"/> HSO	Hand Surgery/ORS	<input type="checkbox"/> PAN	Pediatric AN	<input type="checkbox"/> SO	Surgical Oncology
<input type="checkbox"/> AN	Anesthesiology	<input type="checkbox"/> HSP	Hand Plastic Surgery	<input type="checkbox"/> PCC	Pulmonary Critical Care	<input type="checkbox"/> SP	Surgical Pathology
<input type="checkbox"/> APM	AN, Pain Managemnt	<input type="checkbox"/> HSS	Hand Surgery (Surgery)	<input type="checkbox"/> PCH	Chemical Pathology	<input type="checkbox"/> TD	Thoracic Diseases
<input type="checkbox"/> AR	Abdominal Radiology	<input type="checkbox"/> IC	Interventional Cardiology	<input type="checkbox"/> PCP	Cytopathology PTH	<input type="checkbox"/> TPS	Transplantation Surgery
<input type="checkbox"/> AS	Abdominal Surgery	<input type="checkbox"/> ICE	C Electrophysiology IM	<input type="checkbox"/> PCS	Pediatric CDS	<input type="checkbox"/> TRS	Traumatic Surgery
<input type="checkbox"/> ATP	Anatomic Pathology	<input type="checkbox"/> ID	Infectious Diseases	<input type="checkbox"/> PD	Pediatrics	<input type="checkbox"/> TS	Thoracic Surgery
<input type="checkbox"/> BBK	Blood Banking PTH	<input type="checkbox"/> IG	Immunology	<input type="checkbox"/> PDA	Pediatric Allergy	<input type="checkbox"/> U	Urology/Urological Sgy
<input type="checkbox"/> C	Cardiology	<input type="checkbox"/> ILI	Diagnostic Lab. IG-IM	<input type="checkbox"/> PDC	Pediatric Cardiology	<input type="checkbox"/> UM	Undersea Medicine
<input type="checkbox"/> CBG	Clinical Biochemical Gen	<input type="checkbox"/> IM	Internal Medicine	<input type="checkbox"/> PDD	Pediatric Dermatology	<input type="checkbox"/> UP	Pediatric Urology
<input type="checkbox"/> CCA	Critical Care AN	<input type="checkbox"/> IMG	Geriatric IM	<input type="checkbox"/> PDE	Pediatric EN	<input type="checkbox"/> US	Unspecified Specialty
<input type="checkbox"/> CCG	Clinical Cytogenetics	<input type="checkbox"/> ISM	Sports Medicine (IM)	<input type="checkbox"/> PDI	Pediatric ID	<input type="checkbox"/> VIR	R, Vascular/Interventl
<input type="checkbox"/> CCM	Critical Care Medicine	<input type="checkbox"/> LM	Legal Medicine	<input type="checkbox"/> PDO	Pediatric OTO	<input type="checkbox"/> VM	Vascular Medicine
<input type="checkbox"/> CCP	Pediatric Critical Care	<input type="checkbox"/> MDM	Medical Management	<input type="checkbox"/> PDP	Pediatric Pulmonology	<input type="checkbox"/> VS	Vascular Surgery
<input type="checkbox"/> CCS	Critical Care Surgery	<input type="checkbox"/> MFM	Maternal & Fetal Medicine	<input type="checkbox"/> PDR	Pediatric Radiology	<input type="checkbox"/>	ALL SPECIALITIES
<input type="checkbox"/> CD	Cardiovas. Diseases	<input type="checkbox"/> MG	Medical Genetics	<input type="checkbox"/> PDS	Pediatric Surgery		
<input type="checkbox"/> CDS	Cardiovas. Surgery	<input type="checkbox"/> MGG	Molecular Genetic PTH MG	<input type="checkbox"/> PDT	PDMedical Toxicology		
<input type="checkbox"/> CG	Clinical Genetics	<input type="checkbox"/> MGP	Molecular Genetic PTH	<input type="checkbox"/> PEM	Pediatric EM		
<input type="checkbox"/> CHN	Child Neurology	<input type="checkbox"/> MM	Medical Microbiology	<input type="checkbox"/> PFG	Forensic Psychiatry		
<input type="checkbox"/> CHP	Child Psychiatry	<input type="checkbox"/> MPD	Internal Medicine PD	<input type="checkbox"/> PG	Pediatric GE		
<input type="checkbox"/> CLP	Clinical Pathology	<input type="checkbox"/> MPH	PH & Preven Medicine	<input type="checkbox"/> PH	Public Health		
<input type="checkbox"/> CMG	Clinical Molecular Gent	<input type="checkbox"/> MSR	Musculoskeletal Radiology	<input type="checkbox"/> PHM	Pharmaceutical Med		
<input type="checkbox"/> CN	N Clinical Neuropsych	<input type="checkbox"/> MXR	Maxillofacial Radiology	<input type="checkbox"/> PHO	Pediatric HEM ON		
<input type="checkbox"/> CRS	Colon & Rectal Surgery	<input type="checkbox"/> N	Neurology	<input type="checkbox"/> PIP	Immunopathology PTH		
<input type="checkbox"/> CTS	Cardiothoracic Surgery	<input type="checkbox"/> NCC	Critical Care NS	<input type="checkbox"/> PLI	Diagnostic Lab IG/PD		
<input type="checkbox"/> D	Dermatology	<input type="checkbox"/> NDN	Neurodevlpmnt Disab P & N	<input type="checkbox"/> PLM	Palliative Medicine		
<input type="checkbox"/> DBP	Developt-Behavioral PD	<input type="checkbox"/> NDP	Neurodevlpmnt Disab (PD)	<input type="checkbox"/> PM	Phy. Medicine & Rehab		
<input type="checkbox"/> DDL	Derm Diag Lab Immun	<input type="checkbox"/> NEP	Nephrology	<input type="checkbox"/> PMD	Pain Medicine		
<input type="checkbox"/> DIA	Diabetes	<input type="checkbox"/> NM	Nuclear Medicine	<input type="checkbox"/> PMM	Sports Medicine (PM)		
<input type="checkbox"/> DMP	Dermatopathology	<input type="checkbox"/> NP	Neuropathology PTH	<input type="checkbox"/> PMR	Pain Management (PM)		
<input type="checkbox"/> DR	Diagnostic Radiology	<input type="checkbox"/> NPM	Neonatal-Perinatal Med	<input type="checkbox"/> PN	Pediatric Nephrology		
<input type="checkbox"/> DS	Dermatologic Surgery	<input type="checkbox"/> NR	Neurological Radiology	<input type="checkbox"/> PO	Pediatric OPH		
<input type="checkbox"/> EM	Emergency Medicine	<input type="checkbox"/> NS	Neurological Surgery	<input type="checkbox"/> PP	Pediatric Pathology		
<input type="checkbox"/> EN	Endocrinology	<input type="checkbox"/> NSP	Neurology, PDS	<input type="checkbox"/> PPR	Pediatric RHU		
<input type="checkbox"/> END	EN, DIA & Metabolism	<input type="checkbox"/> NTR	Nutrition	<input type="checkbox"/> PRM	Pediatric RM		
<input type="checkbox"/> EP	Epidemiology	<input type="checkbox"/> OAR	Adult Recon ORS	<input type="checkbox"/> PRO	Proctology		
<input type="checkbox"/> ESM	EM Sports Med	<input type="checkbox"/> OBG	Obstetrics & GYN	<input type="checkbox"/> PS	Plastic Surgery		
<input type="checkbox"/> ETX	Medical Toxicology EM	<input type="checkbox"/> OBS	Obstetrics	<input type="checkbox"/> PSH	PS Head & Neck		
<input type="checkbox"/> FOP	Forensic Pathology	<input type="checkbox"/> OCC	CCM OB/GYN	<input type="checkbox"/> PSM	Pediatric Sports Med		
<input type="checkbox"/> FP	Family Practice	<input type="checkbox"/> OFA	Foot & Ankle, ORS	<input type="checkbox"/> PTH	ATP Clinical		
<input type="checkbox"/> FPG	Geriatric Med-FP	<input type="checkbox"/> OM	Occupational Medicine	<input type="checkbox"/> PTX	Med Tox (Prev Med)		
<input type="checkbox"/> FPS	Facial PI Surg-OTO	<input type="checkbox"/> OMM	Osteopathic Man Med	<input type="checkbox"/> PUD	Pulmonary Disease		
<input type="checkbox"/> FSM	FP-Sports Medicine	<input type="checkbox"/> OMO	Musculoskeletal ON	<input type="checkbox"/> PYA	Psychoanalysis		
<input type="checkbox"/> GE	Gastroenterology	<input type="checkbox"/> ON	Medical Oncology	<input type="checkbox"/> PYG	Psychiatry, Geriatric		
<input type="checkbox"/> GO	Gynecologic Oncology	<input type="checkbox"/> OP	Pediatric ORS	<input type="checkbox"/> R	Radiology		
<input type="checkbox"/> GP	General Practice	<input type="checkbox"/> OPH	Ophthalmology	<input type="checkbox"/> REN	Reproductive EN		
<input type="checkbox"/> GPM	General Prev Medicine	<input type="checkbox"/> ORS	Orthopedic Surgery	<input type="checkbox"/> RES	Research		
<input type="checkbox"/> GS	General Surgery	<input type="checkbox"/> OS	Other (Phys Designate)	<input type="checkbox"/> RET	Retired		

**SOUTH DAKOTA STATE MEDICAL ASSOCIATION
Mailing Label Policy Statement**

Purpose

The South Dakota State Medical Association (SDSMA) will allow use of the SDSMA mailing list information solely in connection with communications/research that is either:

- Related to the practice of medicine, including its scientific or socioeconomic aspects, or
- Of interest to physicians as consumers, or
- Used to improve the clinical aspects or management of clinics.

Policies

- A. The applicant must submit to SDSMA a completed and signed SDSMA Mailing List Agreement before each use of the mailing list or release of data for applicant's research activity.
- B. In the case of a mailing list, all communications to be sent to persons whose names appear on the mailing list must be submitted to SDSMA for approval prior to mailing.
- C. The applicant bears the burden of establishing that the proposed use of the mailing list complies with these policies.
- D. The SDSMA reserves the right to deny use of the list to an applicant if, at SDSMA's sole discretion, it determines that such use is not in the best interests of SDSMA or the individuals whose names appear on the mailing list or database.
- E. The SDSMA mailing list or database information may not be used in connection with any of the following:
 1. Promotional activities that suggest or imply affiliation with, or sponsorship or endorsement of, a particular organization, product, or service by the SDSMA.
 2. Individuals or organizations that advocate the use of products or services that are not based upon scientific principles.
 3. Dissemination of or research into topics deemed by the SDSMA as distasteful.
 4. Communications or research that would tend to mislead, misinform, or deceive.
 5. Incorporation of the information provided by the SDSMA into another database whether maintained in hard copy or in computer-accessible form, without prior written consent of the SDSMA.
 6. Communication/research that promotes the use of tobacco products or alcoholic beverages (including beer, wine, and other spirits).
 7. Individuals or organizations for fund raising.

**SOUTH DAKOTA STATE MEDICAL ASSOCIATION
Mailing List Agreement**

Instructions: Complete form above, sign, and return to SDSMA.

The undersigned understands that the mailing list of business addresses is a proprietary trade secret property of the SDSMA and that mailing labels/information shall not be reproduced; revealed, or resold to a third party; or adapted, converted, or merged into a compilation, including a computer-accessible data base. The undersigned further agrees to defend, indemnify, and hold SDSMA harmless for all damages suffered by SDSMA as a result of any unauthorized use, including all costs, judgments, settlements, damages, expenses, and attorneys' fees.

APPLICANT

Signature: _____

Title: _____ Date: _____