

# SOUTH DAKOTA STATE MEDICAL ASSOCIATION

*Values. Ethics. Advocacy.*

## 2012 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:

|                             | Price<br><u>Each</u> | Quantity<br><u>Ordered</u> | Sales<br><u>Tax</u> | Total Amt<br><u>Due</u> |
|-----------------------------|----------------------|----------------------------|---------------------|-------------------------|
| 1) SDSMA members/Clinics    | \$40                 | _____                      | _____               | \$_____                 |
| 2) State agencies/Hospitals | \$60                 | _____                      | _____               | \$_____                 |
| 3) Non-member physicians    | \$125                | _____                      | _____               | \$_____                 |
| 4) 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**