

*South Dakota*  
**medicine**  
The Journal of the South Dakota State Medical Association

**SUBSCRIPTION ORDER FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Mailing address for publication (if different from above):**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Subscription Begin Date: \_\_\_\_\_

Prices: Single Issue:	\$8.95
Annual Subscription Fee:	\$50 (US) \$65 (Foreign)
Subscription Agency Fee:	\$40.00 (US) \$50.00 (Foreign)

Please return order form and payment to: *South Dakota Medicine*  
2600 W 49th St Ste 200  
Sioux Falls, SD 57105  
Fax: 605.274.3274      Email: [ereiss@sdsma.org](mailto:ereiss@sdsma.org)

Please direct any questions to: Elizabeth Reiss  
Staff Editor, *South Dakota Medicine*  
Phone: 605.336.1965      Fax: 605.274.3274  
E-mail: [ereiss@sdsma.org](mailto:ereiss@sdsma.org)

---

**For office use only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_