

<h2 style="margin:0;">Order Form</h2> <p style="font-size: small; margin:0;">For your family's health</p>	Shipping Information	Pub 406A Maximum order quantity 300 per language.					
	All orders are sent Standard Delivery Special Delivery is available for an additional cost <input type="checkbox"/> Special Delivery requested: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx Your billing Authorization/Account number (required) _____ <input type="checkbox"/> Overnight (allow 3-4 days) <input type="checkbox"/> 2-Day (allow 4-6 days)	Language	Qty	Language	Qty		
	To process your order choose one of the following: FAX: (916) 364-6612 OR EMAIL: medpublicationorders@maximus.com	<input type="checkbox"/> English		<input type="checkbox"/> Spanish			
		<input type="checkbox"/> Arabic		<input type="checkbox"/> Hmong			
		<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean			
	<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian				
	<input type="checkbox"/> Chinese		<input type="checkbox"/> Tagalog				
	<input type="checkbox"/> Farsi		<input type="checkbox"/> Vietnamese				
Applications Maximum order quantity 300 per language.				Handbooks Maximum order quantity 300 per language.			
Language	Qty	Language	Qty	Language	Qty	Language	Qty
<input type="checkbox"/> English		<input type="checkbox"/> Spanish		<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
<input type="checkbox"/> Arabic		<input type="checkbox"/> Hmong		<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean	
<input type="checkbox"/> Armenian		<input type="checkbox"/> Korean		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian	
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Russian		<input type="checkbox"/> Chinese		<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Chinese		<input type="checkbox"/> Tagalog		<input type="checkbox"/> Farsi			
<input type="checkbox"/> Farsi		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Hmong			
PUB 406A (Errata to the joint application) is automatically included if necessary. You may order additional inserts if needed.							
All information is <u>required</u> to process your order.						Organization Category	
Mailing Information <input type="checkbox"/> Residence <input type="checkbox"/> Business Organization Name: _____ _____ Delivery Address: (No P.O. Boxes) _____ _____ City: _____ Zip Code: _____ Contact Person Name: _____ Phone: () - _____ Fax: () - _____ Email Address: _____						Please indicate the category your Organization represents. Organization/Person ordering the material: Check the appropriate box (required) <input type="checkbox"/> EE <input type="checkbox"/> CA A Number (required) _____	
				For Internal Use Only ▶	Shipping Date	Order ID	
					Shipping ID	_____	