

ACP MKSAP Order Form Refer to priority code ACPMKFORM when ordering!

Category	1-Year Subscription Pricing	3-Year Subscription Pricing	Total Product Quantities Total
Resident/Fellow Members	\$395	\$465	\$
ACP Members (including FACP, MACP)	\$590	\$695	\$
Nonmembers	\$825	\$995	\$

PO # (copy	# (copy must be attached)			
☐ Check if new address ACP #				
First Name	Last Name			
Address				
City				
State/Province/ZIP/Postal				
Email Address (required)	Daytime Phone			
U.S. Tax: The American College of Physicians (ACP) is required has economic nexus. The appropriate charges will be added to confirmation. Sales tax is a combined total of state, county, city the collection of sales tax and we remit all taxes collected direction and Tax: Residents of Nova Scotia, Labrador, New Bruns add 15%; Residents of Ontario add 13%; all other Canadian residents.	When ordering, refer to Promo Code ACPMKFORM MAIL AC002 ACP			
Priority Code: ACPMKFORM	Grand Total \$	190 N. Independence Mall West Philadelphia, PA 19106-1572		
Payment Information (Must remit in U.S. funds drawn on a U.S. bank.) Check enclosed (Payable to ACP) Charge Exp. Date MM/YY Exp. Date MM/YY		PHONE 800-ACP-1915 (M-F, 9 a.m5 p.m. ET) Outside U.S., call 215-351-2600		
Name on Card	·	215-351-2799		

Transfer of any ACP MKSAP Program to an individual who has not purchased ACP MKSAP or who has not been authorized to use ACP MKSAP is strictly prohibited. Anyone violating the user agreement or sharing their ACP MKSAP access will lose all access to it. Prices subject to change without notice. Offer valid on new orders only. Only 1 ACP MKSAP program per person is allowed.

 Signature______
 Security Code #______