



# Oral Manifestations of HIV Resource Card Request Form

Health care practitioners actively providing care for HIV patients may request 2 cards free of charge; for more than 2 cards (if stock is available) the at-cost price of \$1.00 per card, plus shipping costs will be applied. Please contact our office for requests of more than 100 cards. **Persons representing commercial companies requesting cards need to contact the IAS-USA (see information below) for pricing.**

Donations to help support our efforts are welcome. Your tax-deductible donation will be used to help distribute the IAS-USA publication, *Topics in Antiviral Medicine™*, to clinicians outside the US.

## Order Information

\_\_\_ Home \_\_\_ Work

IAS-USA # \_\_\_\_\_  
(please use your IAS-USA # if you have placed an order with us before and do not have an update in your contact/shipping information)

Name \_\_\_\_\_

Degree or license \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Specialty \_\_\_\_\_

Number of patients with HIV under your care: \_\_\_\_\_

Percentage of your total number of patients who are HIV infected: \_\_\_\_\_

No. of cards \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_ Home \_\_\_ Work      \_\_\_ Home \_\_\_ Work

E-mail \_\_\_\_\_

Would you like to be added to our mailing list and receive a complimentary subscription to *Topics in Antiviral Medicine™*?  
 \_\_\_ Yes:  E-subscription only (paperless)  
 \_\_\_ No  
 \_\_\_ Already receive:  Update me to E-subscription only (paperless)

### Payment (if 3 cards or more):

Subtotal (\$1.00/card) = \_\_\_\_\_

8.25% sales tax (CA only, outside San Francisco) = \_\_\_\_\_

9.5% sales tax (CA only, within San Francisco) = \_\_\_\_\_

Shipping = \_\_\_\_\_

- US – (3 - 5 cards = \$ 3.50)
- (6-15 cards = \$ 4.50)
- (16-40 cards = \$ 7.25)
- (41-250 cards = \$ 17.50)
- (250+ cards = please contact our office for shipping charges)
- Outside US – please call or send us an e-mail

Donation\* = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

To charge shipping to your Federal Express Account, please provide your account number:

\_\_\_\_\_

Make checks or money orders payable to IAS-USA.

Charge to my credit card:  
 Visa     MasterCard     American Express

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Card number (Visa, MasterCard, or American Express only)

Expiration date    

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Authorized signature \_\_\_\_\_

Name on card \_\_\_\_\_

Please mail or fax this form and payment to:

IAS-USA  
 425 California Street, Suite 1450  
 San Francisco, CA 94104-2120  
 Phone: (415) 544-9400; Fax: (415) 544-9402  
 E-mail: journal@iasusa.org

\*IAS-USA is exempt from tax under section 501(c)(3) of the Internal Revenue Code.