IAS–USA
International AIDS Society–USA

Resistance Mutations 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 International AIDS Society–USA publication, *Topics in HIV Medicine®*, to clinicians outside the US.

Order Information

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 _____

___Home ___Work

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 HIV 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 = $ 1.50)
  (6-10 cards = $ 2.75)
  (11-15 cards = $ 4.25)
  (16-35 cards = $ 6.25)
  (36-60 cards = $ 11.00)
  (61-80 cards = $ 13.00)
  (81-100 cards = $ 14.75)
  More than 100 cards (please call us)
- 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
International AIDS Society–USA.

Charge to my credit card:
___Visa ___MasterCard ___American Express

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

Expiration date ___/___

_____
Authorized signature

_____
Name on card

Please mail or fax this form and payment to:

International AIDS Society–USA
425 California Street, Suite 1450
San Francisco, CA 94104-2120
Phone: (415) 544-9400; Fax: (415) 544-9402
E-mail: resistance2010@iasusa.org

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