

# Priority Order Form

**YES**, send me *Current Concepts: Spinal Manipulation and Cervical Arterial Incidents*.

Name \_\_\_\_\_

Shipping Address (P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Practice Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

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

Please provide your email address in case we have questions about your order. Your email address will never be sold.

**If you are a NCMIC policyholder, you are entitled to a substantial discount. Please provide your malpractice policy no.** \_\_\_\_\_

Quantity	NCMIC Policyholders	All others	x Number ordered	= Subtotal
1 to 2	\$29.95	\$59.95		= \$
3 to 5	\$24.95	\$54.95		= \$
6 to 10	\$19.95	\$49.95		= \$
<b>Shipping and handling—\$7.50 per order</b>				<b>\$</b>
<b>Iowa Residents Sales Tax</b>				<b>\$</b>
<b>Total (U.S. Dollars)</b>				<b>\$</b>

**Payment Options:**     MasterCard®     VISA®     Check payable to:  
NCMIC Insurance Co.

Credit Card Number \_\_\_\_\_

Expiration Date      /      /         Credit Card Holder Name \_\_\_\_\_  
Mo      Day      Yr Please print

Signature \_\_\_\_\_  
*I hereby request and authorize NCMIC to charge my credit card.*

**Order Today**

**By Fax:**.....1-800-996-2642

**By Phone:**.....1-800-247-8043

**By Mail:** NCMIC  
 Attn: Current Concept Order  
 P.O. Box 9118  
 Des Moines, IA 50306

