

Order Form

List the inventory number, title, and quantity of each item in the spaces provided below. (If you run out of room, attach another piece of paper with the remainder of your order.) On the next page, fill out your shipping and, if ordering more than 20 copies total, billing information.

To ensure publications are available to all requesters, NCI may set limits on the maximum number of copies of a particular title that may be ordered by any one requester each month. For information on current availability, visit <https://pubs.cancer.gov> or call 1-800-4-CANCER (1-800-422-6237).

Inventory #	Title	Quantity
Total Number of Copies		

SHIPPING INFORMATION

Name:	_____
Organization:	_____
Address Line 1:	_____
Address Line 2:	_____
City:	_____ State: _____ ZIP Code: _____
E-mail Address:	_____
<i>(An e-mail confirmation will be sent when your order has shipped.)</i>	
Phone:	_____ Fax: _____

BILLING INFORMATION, FOR BULK ORDERS (21+)

FedEx Shipping Account Number:	_____
	<input type="checkbox"/> Ground <input type="checkbox"/> Overnight <input type="checkbox"/> 2Day <input type="checkbox"/> Express Saver
or	
UPS Shipping Account Number:	_____
	<input type="checkbox"/> Ground <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2 nd Day Air <input type="checkbox"/> 3 Day Select
<input type="checkbox"/> Same as shipping address	
Name:	_____
Organization:	_____
Address Line 1:	_____
Address Line 2:	_____
City:	_____ State: _____ ZIP Code: _____
E-mail Address:	_____
Phone:	_____ Fax: _____

Fax this completed form to 410-646-3117 or mail it to:

National Cancer Institute, NIH, DHHS
Publications Ordering Service
P.O. Box 24128
Baltimore, MD 21227