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

| Organization: | | | | |
|--|--------------------|-------------------------|--------|-------------------------|
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | | | |
| E-mail Address:(An e-mail confirmation will be sent when y | our order has ship | pped.) | | |
| Phone: | | Fax: | | |
| LLING INFORMATION, FOR BUL | K ORDERS (2 | 1+) | | |
| | ` | • | | |
| · | ` | • | □2Day | □ <i>Expr</i> ess Saver |
| FedEx Shipping Account Number: | | | | □ <i>Express Saver</i> |
| FedEx Shipping Account Number: | ☐ Ground | □Overnight | □2Day | □Express Saver |
| LLING INFORMATION, FOR BULIFIED FEDEX Shipping Account Number: or UPS Shipping Account Number: | ☐ Ground | □Overnight | □2Day | |
| FedEx Shipping Account Number: | □ Ground | Overnight | □2Day | |
| FedEx Shipping Account Number: or UPS Shipping Account Number: | ☐ Ground | Overnight Next Day Air | □ 2Day | |
| FedEx Shipping Account Number: or UPS Shipping Account Number: Same as shipping address | ☐ Ground | Overnight Next Day Air | □ 2Day | Air □3 Day Select |

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

Address Line 2:

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

City: _____ State: ____ ZIP Code: ____