

***Subscribe today!*** ...or recommend ***The Oncologist***<sup>®</sup> for your library's collection below.

Please choose one subscription option below.

**Individual Rates**

**NEW!** – ☐ Online only - \$95 | ☐ Print & Online - \$245\*

**Resident/intern/fellow/student Rates**

(with proof of status)

**NEW!** – ☐ Online only - \$80 | ☐ Print & Online - \$98\*

**Institutional Rates**

☐ Tier 1 (Institutional Print Only) - \$450\*

**Online Only**

☐ Tier 2 - \$398

☐ Tier 3 - \$510

☐ Tier 4 - \$866

☐ Tier 5, multi-sites, and licenses -  
contact *The Oncologist* for pricing

**Print & Online\***

☐ Tier 2 - \$470\*

☐ Tier 3 - \$655\*

☐ Tier 4 - \$1,019\*

☐ Tier 5, multi-sites, and licenses -  
contact *The Oncologist* for pricing

**\*Shipping and handling costs:**

Subscribers in Canada or Mexico add \$50 per year for shipping. All other international subscribers add \$65 per year for shipping.

*Subscription terms are from date of purchase unless otherwise noted.* \_\_\_\_\_

Please fill out your contact and payment information below (Please print.):

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City State Zip

Country

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Subscription rates are subject to change.*

☐ Check attached (payable to **AlphaMed Press**)

**Credit Card Information:** ☐ MasterCard ☐ Visa ☐ American Express

Name on Card: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If paying by credit card, you may also fax this completed form to: 845-267-3478**

**Questions?** Email us at: [TheOncologist@cambeywest.com](mailto:TheOncologist@cambeywest.com)

Complete this portion and submit it to your librarian or department head.

**Attention: Librarian/Department Head: I would like to recommend *The Oncologist*<sup>®</sup> for acquisition.**  
*The Oncologist* (ISSN: print 1083-7159; online 1549-490X) [www.TheOncologist.com](http://www.TheOncologist.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Department: \_\_\_\_\_