



Order Form – Old PRITE

Name: _____

Mailing Address: _____

City, State, Zip: _____

Is this a residential/home address (for shipping type purposes): Y _____ N _____

E-mail: _____ Phone: _____

Residency Program Name: _____ Graduation Date (if applicable): _____

Past issues – PRITE

_____ # PRITE @ \$140 each or purchase 5 years for \$560

_____ 2020 _____ 2019 _____ 2018 _____ 2017 _____ 2016

\$ _____ Total amount to be charged

Past issues – CHILD PRITE

_____ # CHILD PRITE @ \$125 each or purchase 5 years for \$500

_____ 2020 _____ 2019 _____ 2018 _____ 2017 _____ 2016

\$ _____ Total amount to be charged

Please provide the following:

Name on Credit Card: _____

Billing Address: If same as mailing address, check here

Street: _____

City, State, Zip: _____



CVV # : _____

Expiration Date: _____

(Current as of 7/2020)