**Trainee Group Member Instructions**
Valid through August 31, 2012
Medical Student | Medical Trainee | Resident or Fellow

**Subscribe to UpToDate® at our special trainee group price.**
Groups of 10 or more will receive a discount on their subscription price. Simply follow these four easy steps...

**Step 1** - Organize a group of medical students (trainees), residents or fellows in your institution to subscribe together. Determine if you qualify for a discount based on the size of your group (see pricing below*).

<table>
<thead>
<tr>
<th>Number of individuals in group</th>
<th>One-year trainee subscription price (per subscriber)</th>
<th>Two-year trainee subscription price (per subscriber)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>US $199 (savings of US $300)</td>
<td>US $369 (savings of US $629)</td>
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<tr>
<td>10+</td>
<td>US $149 (savings of US $350)</td>
<td>US $279 (savings of US $719)</td>
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*Prices are subject to change without notice. Quoted savings are based on one-year new subscription price of $499.

**Step 2** - Have each individual within your group complete the Trainee Group Member Subscription Form (A) (see reverse). Make sure each form includes complete payment information. If you are subscribing individually versus as part of a group, you will need to provide proof of status with your order.

**Step 3** - Complete the Trainee Group Order Verification (B) and the Trainee Group Order Summary Form (C). In order to qualify for these trainee group rates, all individual trainee orders and payments must be received together.

**Step 4** - Collect and submit all of the following forms:
- Trainee Group Member Subscription Forms (A) – one for each individual trainee subscribing
- Trainee Group Order Verification (B) – one per group
- Trainee Group Order Summary Form (C) – one per group

Mail: UpToDate
95 Sawyer Road
Waltham, MA 02453 USA

Fax: 781-642-8840

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**Definition of “Medical Student/Medical Trainee”, “Resident” and “Fellow”**
(includes Nurse Practitioners and Physician Assistant Trainees)

**Medical Student/Trainee:** Any student enrolled in a program of basic medical education under the faculty of medicine at a university or medical college.

**Resident or Fellow:** Pre-registrant: any post-graduate doctor who has completed medical education at the university level and is participating in an “internship”, “turnus”, “pre-registration” or equivalent period. “Specialist trainee: Any doctor pursuing post-graduate, post-internship (where applicable) specialist training under the supervision of a clinical department head at a recognized teaching hospital.

“**Internship”, “turnus” and “pre-registration” are intended to be general terms. The name for this stage of training may differ from country to country. It denotes the period in which a physician is not yet fully qualified to work independently and therefore works under the supervision of senior colleagues.

**Proof of Trainee Status**
Students, residents, and fellows (trainees) must provide at least one acceptable proof of status before the order will be processed. We will accept: 1) a letter from the director of your program or your registrar’s office (on letterhead) stating that you are currently in training, 2) a copy of the first and last page of your current contract, or 3) a copy of an ID badge or student ID bearing your name and an expiration date. We must receive your proof of status before we can process your order. If your proof of status is not received within 30 days from the receipt of your order, it will not be processed and will need to be resubmitted.
Trainee Group Member Subscription Form
Valid through August 31, 2012
Medical Student | Medical Trainee | Resident or Fellow
Submit to your group contact for trainee verification. See instructions for definitions and proof of status.

ENTER SUBSCRIBER INFORMATION

GROUP NAME ____________________________________________________________

SUBSCRIBER NAME ______________________________________________________

SUBSCRIBER ADDRESS ____________________________________________________

CITY __________________________________ STATE/PROVINCE ___________________

COUNTRY __________________________________ POSTAL CODE ________________

EMAIL __________________________________ SPECIALTY ________________

OFFICE PHONE __________________________________ MOBILE PHONE __________

Please write clearly and supply a secure email address to receive your user name and password. We do not rent, share or sell information to third parties.

REVIEW SUBSCRIPTION INFORMATION

Ask your group coordinator your group size so you know which subscription price you are eligible for (see pricing below*).

<table>
<thead>
<tr>
<th>Number of individuals in group</th>
<th>One-year trainee subscription price (per subscriber)</th>
<th>Two-year trainee subscription price (per subscriber)</th>
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*Prices are subject to change without notice. Quoted savings are based on one-year new subscription pricing of $499.

SELECT SUBSCRIPTION OPTION

*An UpToDate online subscription is required to purchase UpToDate MobileComplete™.

ORDER TYPE:  ○ NEW  ○ RENEWAL (Account # ________________)

ENTER SUBSCRIPTION AMOUNT  US $ ________________

ADD MOBILECOMPLETE† (1-year: US $49; 2-year: US $89. Must match subscription term.)  + US $ ________________

ADD PROCESSING FEE OF $15 (new subscribers only)  + US $ ________________

ESTIMATED SALES TAX/VAT  + US $ ________________

ESTIMATED ORDER TOTAL  = US $ ________________

* If your group is eligible for US tax exempt status on this order, you must supply the tax exempt certificate with this form. The tax exemption cannot be applied at a later date.

† A subscription allows installation on two iOS devices.
For system requirements, go to www.uptodate.com/requirements.

PROVIDE PAYMENT INFORMATION

Full payment with check or credit card is required at the time of order. If you are not completely satisfied, simply cancel within 60 days for a full refund (issued in US dollars).

○ ENCLOSED IS PAYMENT FROM MY INSTITUTION (MY INSTITUTION IS ISSUING ONE PAYMENT FOR THE GROUP ORDER)
For wire transfer information, visit www.uptodate.com/paymentoptions.

○ CHECK ENCLOSED (Payable to UpToDate in US dollars drawn on US bank.)

○ CHARGE MY CREDIT CARD (Please select one.)
  ○ VISA  ○ MASTERCARD
  ○ DISCOVER  ○ AMERICAN EXPRESS

CARD NUMBER ____________________________________________

EXPIRATION DATE _______________________________________

SIGNATURE ____________________________________________

CREDIT CARD BILLING ADDRESS (if different from primary address)

NAME ________________________________________________

ADDRESS ______________________________________________

CITY __________________________________ STATE __________

COUNTRY __________________________________ POSTAL CODE __________
Trainee Group Order Verification
Valid through August 31, 2012
Medical Student | Medical Trainee | Resident or Fellow

This form is to be submitted by the program director or designee for group orders only.

GROUP NAME __________________________________________

CONTACT NAME _________________________________________

Attached are subscription orders for the following individuals who are members of this group.
All individual orders and payments MUST be submitted together with this form to qualify for the special pricing and additional discount if applicable.

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<th>SUBSCRIBER NAMES:</th>
<th>SUBSCRIPTION FORM ATTACHED</th>
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For additional names, please photocopy, complete and attach to this form.

Trainee Status Verification
(MUST be verified by one of the following)

I attest that the above-named subscribers are all clinicians-in-training within this institution’s training program.

☐ PROGRAM DIRECTOR  ☐ CHIEF OF SERVICE  ☐ DEAN’S REPRESENTATIVE

SIGNED ___________________________ DATE _____________________

PRINT NAME ________________________________ TITLE ____________________

TDCLW20123
### Trainee Group Order Summary Form

**Valid through August 31, 2012**

**Medical Student | Medical Trainee | Resident or Fellow**

**ENTER GROUP INFORMATION**

**GROUP NAME**

**CONTACT NAME**

**CONTACT ADDRESS**

**CITY**

**STATE/PROVINCE**

**COUNTRY**

**POSTAL CODE**

**OFFICE PHONE**

**MOBILE PHONE**

**EMAIL**

We do not rent, share or sell information to third parties.

**CALCULATE GROUP PAYMENT**

* An UpToDate online subscription is required to upgrade and purchase our full sync App, UpToDate MobileComplete®.

<table>
<thead>
<tr>
<th>Group size</th>
<th>UpToDate Online Subscription cost*</th>
<th>Add MobileComplete† (One-year: US $49) (Two-year: US $89)</th>
<th>Sales Tax‡</th>
<th>Processing fee§</th>
<th>Total cost per subscriber (A + B + C + D)</th>
<th>Total number of subscribers</th>
<th>Grand total (E x F)</th>
</tr>
</thead>
</table>

* Prices are subject to change without notice.
† An UpToDate online subscription is required to upgrade and purchase our full sync App, MobileComplete. A subscription allows installation on two iOS devices.
‡ Applicable tax will be added at the time your order is processed. UpToDate collects sales tax in states that require it for online purposes. If you are eligible for tax exempt status on this order, you must supply your tax exempt certificate with this form. The tax exemption cannot be applied at a later date.
§ A $15 processing fee for new subscriptions should be added.

**PROVIDE PAYMENT INFORMATION**

- Individual payments: If each participant is paying individually, valid credit card information or a check in US dollars made payable to UpToDate and drawn on a US bank must be included with each Trainee Group Member Subscription Form (A).

**OR**

- Institutional payment: If the institution is paying for the order, please make sure that the “ENCLOSED IS PAYMENT FROM MY INSTITUTION” box is checked on each Trainee Group Member Subscription Form (A) and complete the payment section below. For wire transfer information, visit www.uptodate.com/paymentoptions.

**CHECK ENCLOSED** [Payable to UpToDate in US dollars drawn on US bank]

**CHARGE MY CREDIT CARD** (Please select one)

- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS

**CREDIT CARD BILLING ADDRESS** (if different from primary address)

**NAME**

**ADDRESS**

**CITY**

**STATE**

**COUNTRY**

**POSTAL CODE**

**EXPIRATION DATE**

**SIGNATURE**

**TDCLW20123**