

## Trainee Group Member Instructions

Valid through August 31, 2018

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 whether you qualify for a discount based on the size of your group (see pricing below\*).

Number of individuals in group	One-year trainee subscription price (per subscriber)	Two-year trainee subscription price (per subscriber)
1-9	US \$199 <i>(savings of US \$320)</i>	US \$369 <i>(savings of US \$669)</i>
10+	US \$159 <i>(savings of US \$360)</i>	US \$299 <i>(savings of US \$739)</i>

\*Prices are subject to change without notice. Quoted savings are based on one-year new subscription price of \$519.

**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 part of a group, you will need to provide proof of status with your order (see details below).

**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  
230 Third Avenue  
Waltham, MA 02451 USA

**Fax:** 781-642-8840

### 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 postgraduate 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 postgraduate, 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

If subscribing as a group, the signature of verification from a Program Director, Chief of Service, or Dean's Representative on Trainee Group Order Form B serves as proof of trainee status.

Students, residents, and fellows (trainees) must provide at least one of the items below as proof of their trainee status.

- Signed, dated letter from the director of your program on letterhead from the institution stating that you are currently in medical training and in good standing
- Copy of the first and last page of your current contract indicating your medical trainee status and date
- Legible copy of an ID badge bearing your name, medical trainee status designation, and future 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 of the receipt of your order, your order will not be processed and will need to be resubmitted.

## Trainee Group Member Subscription Form

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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 \_\_\_\_\_

A secure email address is required for account access. 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\*).

Number of individuals in group	One-year trainee subscription price (per subscriber)	Two-year trainee subscription price (per subscriber)
1-9	US \$199 (savings of US \$320)	US \$369 (savings of US \$669)
10+	US \$159 (savings of US \$360)	US \$299 (savings of US \$739)

\* Prices are subject to change without notice. Quoted savings are based on one-year new subscription pricing of \$519.

### SELECT SUBSCRIPTION OPTION

30-day recurring billing option is also available in select countries for non-group orders. All recurring billing orders must be placed online; terms and conditions apply. Please go to [www.uptodate.com/store](http://www.uptodate.com/store) to order.

UpToDate MobileComplete™ and/or UpToDate Advanced™ can be added to Individual Online subscriptions for an additional fee.

UpToDate MobileComplete and UpToDate Advanced are not available as standalone products.

<b>ORDER TYPE:</b> <input type="radio"/> NEW <input type="radio"/> RENEWAL (Account # _____ )	
<b>ENTER UPTODATE ONLINE AMOUNT</b>	<b>US \$</b> _____
<b>ADD MOBILECOMPLETE (+ \$49 1-YEAR OR + \$89 2-YEAR — must match subscription term)†</b>	<b>+ US \$</b> _____
<b>ADD UPTODATE ADVANCED (+ \$49 1-YEAR OR + \$89 2-YEAR — must match subscription term)‡</b>	<b>+ US \$</b> _____
<b>ESTIMATED SALES TAX, VAT, AND GST§</b>	<b>+ US \$</b> _____
<b>ESTIMATED ORDER TOTAL</b>	<b>= US \$</b> _____

† Please go to [www.uptodate.com/mobile](http://www.uptodate.com/mobile) for current information on supported devices.

‡ Please go to [go.uptodate.com/advanced](http://go.uptodate.com/advanced) for additional information.

§ Applicable tax will be added at the time your order is processed. UpToDate collects sales tax in US states that require it for online purchases. 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. UpToDate is required to collect and remit VAT, sales tax, and GST in select countries. Tax will be added to your order at time of processing, if applicable.

For system requirements, go to [www.uptodate.com/home/help-manual-sysreq](http://www.uptodate.com/home/help-manual-sysreq).

Proof of trainee status must accompany order.

**TDCLW20189**

### PROVIDE PAYMENT INFORMATION

**Full payment with check or credit card is required at the time of order.** If you are not completely satisfied with your annual (or longer) subscription, simply cancel within 60 days and request 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/home/payment-options](http://www.uptodate.com/home/payment-options).

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

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

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

VISA             MASTERCARD

NAME \_\_\_\_\_

DISCOVER     AMERICAN EXPRESS

ADDRESS \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Trainee Group Order Verification

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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.

SUBSCRIBER NAMES:

SUBSCRIPTION FORM ATTACHED

1.	_____	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>
6.	_____	<input type="checkbox"/>
7.	_____	<input type="checkbox"/>
8.	_____	<input type="checkbox"/>
9.	_____	<input type="checkbox"/>
10.	_____	<input type="checkbox"/>
11.	_____	<input type="checkbox"/>
12.	_____	<input type="checkbox"/>
13.	_____	<input type="checkbox"/>
14.	_____	<input type="checkbox"/>
15.	_____	<input type="checkbox"/>
16.	_____	<input type="checkbox"/>
17.	_____	<input type="checkbox"/>
18.	_____	<input type="checkbox"/>
19.	_____	<input type="checkbox"/>
20.	_____	<input type="checkbox"/>
21.	_____	<input type="checkbox"/>
22.	_____	<input type="checkbox"/>
23.	_____	<input type="checkbox"/>
24.	_____	<input type="checkbox"/>
25.	_____	<input type="checkbox"/>

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 \_\_\_\_\_

## Trainee Group Order Summary Form

Valid through August 31, 2018

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 \_\_\_\_\_

A secure email address is required for account access. We do not rent, share, or sell information to third parties.

### CALCULATE GROUP PAYMENT

\*UpToDate MobileComplete™ and/or UpToDate Advanced™ can be added to Individual Online subscriptions for an additional fee. UpToDate MobileComplete and UpToDate Advanced are not available as standalone products.

Group size (Select one)	A		B	C	D	E	F	Grand total (E x F)
	UpToDate Online Subscription cost*		Add MobileComplete†	UpToDate Advanced‡	Sales Tax§, VAT, GST	Total cost per subscriber (A + B + C + D)	Total number of subscribers	
	One-year	Two-year	(One-year: US \$49) (Two-year: US \$89)	(One-year: US \$49) (Two-year: US \$89)				
1-9	US \$199	US \$369	US \$ _____	US \$ _____	US \$ _____	US \$ _____	_____	US \$ _____
10+	US \$159	US \$299	US \$ _____	US \$ _____	US \$ _____	US \$ _____	_____	US \$ _____

\*Prices are subject to change without notice.

†Please go to [www.uptodate.com/mobile](http://www.uptodate.com/mobile) for current information on supported devices.

‡Please go to [go.uptodate.com/advanced](http://go.uptodate.com/advanced) for additional information.

§Applicable tax will be added at the time your order is processed. UpToDate is required to collect and remit sales tax, VAT, and GST where required for online purchases. 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.

For system requirements, go to [www.uptodate.com/home/help-manual-sysreq](http://www.uptodate.com/home/help-manual-sysreq).

Proof of trainee status must accompany order.

**TDCLW20189**

### 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/home/payment-options](http://www.uptodate.com/home/payment-options).

**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 \_\_\_\_\_