



Medical Device & Diagnostic Industry

Internal Use Only Account: _____ Shipping: _____
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Salary Survey ORDER FORM

E-mail this completed form to: mddi@cancom.com

Or fax to: 310/445-4269  
 Or mail to: Canon Communications, MD&DI Editorial  
 11444 W Olympic Blvd., Ste. 900  
 Los Angeles, CA 90064

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

<b>MD&amp;DI's Salary Survey 2007</b>	_____	\$ 150.00
<b>MD&amp;DI's Salary Survey 2008</b>	_____	\$ 195.00
Tax (8.25% only if shipped within California)	_____	\$ _____
<b>Total</b>	_____	\$ _____

Method of payment (circle one): **Check** (checks payable to Canon Communications)  
**Credit** (please fill out information below)

Name: \_\_\_\_\_  
 Credit Card Type: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_