



Price List and Order Form
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Minnesota Multiphasic Personality Inventory-2® (MMPI-2®) Chinese Edition

Test materials	Price	Quantity	Sub-total
Starter Kit I	HK\$1,800		
1 Administration Manual	X		
1 Test Questionnaire Booklet (in Chinese)			
25 sets of Answer Sheets			
1 Computer Scoring Program (with 6 Scorings) (USB or Parallel port)#			
Starter Kit II	HK\$2,000		
1 Administration Manual	X		
1 Test Questionnaire Booklet (in Chinese)			
25 sets of Answer Sheets			
25 Profile Forms for Males (Chinese Norm)			
25 Profile Forms for Females (Chinese Norm)			
1 set of Overlay Scoring Stencils			
Administration Manual	HK\$200		
Test Questionnaire Booklets (10 per package)	HK\$400		
Answer Sheets (50 sets per package)	HK\$300		
Profile Forms for Males (Chinese Norm)*	HK\$200		
Profile Forms for Females (Chinese Norm)*	HK\$200		
MMPI Computer Scoring Program (with 20 Scorings)	HK\$1,800		
MMPI Computer Scoring Program (with 10 Scorings)	HK\$1,000		
Dongle (USB port)	HK\$300		
Dongle (Parallel port)	HK\$300		
1 set of Overlay Scoring Stencils	HK\$1,200		
Hong Kong Delivery and handling charge (5% of the order or HK\$30 whichever is higher)**			
Overseas Delivery and handling charge (10% of the order or HK\$60 whichever is higher)***			
# Circulate whichever appropriate * 50 per package ** Please allow 14 days for processing. *** Please allow 45 days for processing, delivery by surface mail only.			TOTAL

**To: The Chinese University Press
The Chinese University of Hong Kong
Sha Tin, N. T. Hong Kong**

**Telephone 852-2946 5300
Fax 852-2603 7355
E-mail: cup-bus@cuhk.edu.hk**

Please supply the *test materials* as marked in the order form above:

- Attached is a crossed check of HK\$_____ made payable to "The Chinese University of Hong Kong"
- Please send bill, my official order number _____ is attached herewith (applicable only to orders by Institutions)
- Please debit my credit card account HK\$_____

I would like to pay my order by: AMEX VISA Master Card

Card Number (with 3-digit security code) _____ Expiry Date _____

Cardholder's Name _____

Cardholder's Signature _____ Expiry Date _____

*Recipient's Name (Dr / Mr / Ms) _____

Name of Institution _____

Address _____

Telephone _____ Fax _____

Signature of Registered User _____ Title _____

Registration Number _____

*Recipient must be a registered user of MMPI®. Please complete registration form if not already registered as a user.