



Minnesota Multiphasic Personality Inventory-2® (MMPI-2®) Chinese Edition

Test materials	Price	Quantity	Sub-total
Starter Kit I	HK\$1,900		
1 Administration Manual	X		
1 Test Questionnaire Booklet (in Chinese)			
25 sets of Answer Sheets			
1 Computer Scoring Programme (with 6 Scorings) for Windows 7 or higher versions			
Starter Kit II	HK\$2,500		
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 (includes VRIN and TRIN scales)			
Administration Manual	HK\$200		
Test Questionnaire Booklets (10 per package)	HK\$400		
Answer Sheets (50 sets per package)	HK\$400		
Profile Forms for Males (Chinese Norm)*	HK\$200		
Profile Forms for Females (Chinese Norm)*	HK\$200		
MMPI Computer Scoring Program (with 20 Scorings)	HK\$2,340		
MMPI Computer Scoring Program (with 10 Scorings)	HK\$1,300		
Dongle (USB port)	HK\$480		
1 set of Overlay Scoring Stencils (includes VRIN and TRIN scales)	HK\$1,750		
Overlay Scoring Stencils for VRIN and TRIN scales	HK\$200		
Hong Kong Delivery and handling charge (3% of the order or HK\$30 whichever is higher)**			
Overseas Delivery and handling charge (10% of the order or HK\$60 whichever is higher)***			

* 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 852-3943 9822
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 _____

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

Name of Institution _____

Address _____

Telephone _____ Fax _____

Signature of Registered User _____ Title _____

Registration Number _____ E-mail: _____

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