



To: The Chinese University of Hong Kong Press
The Chinese University of Hong Kong
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Minnesota Multiphasic Personality Inventory-2® (MMPI-2®) Chinese Edition

Test materials	Price (in HKD)	Quantity	Sub-total
Starter Kit I	\$2,300		
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	\$3,000		
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 (includes VRIN and TRIN scales)			
Administration Manual	\$240		
Test Questionnaire Booklets (10 per package)	\$480		
Answer Sheets (50 sets per package)	\$480		
Profile Forms for Males (Chinese Norm) (50 per package)	\$240		
Profile Forms for Females (Chinese Norm) (50 per package)	\$240		
MMPI Computer Scoring Program (with 20 Scorings)	\$2,900		
MMPI Computer Scoring Program (with 10 Scorings)	\$1,600		
Dongle (USB port)	\$850		
1 set of Overlay Scoring Stencils (includes VRIN and TRIN scales)	\$2,100		
Overlay Scoring Stencils for VRIN and TRIN scales	\$240		
TOTAL			

Delivery Method:

Hong Kong and Macau: SF Express

China and Overseas: Surface Mail Air Mail Speedpost

Remarks: Please allow 14 days for processing. Quotation of delivery charge will be provided upon receipt of orders. Such charge will be added to the total payment.

Payment Method:

Bank Transfer

Account No.: 293-005005-002

Account Name: The Chinese University of Hong Kong

Bank Name: Hang Seng Bank Ltd.

Bank Address: Central Main Branch, 83 Des Voeus Road Central, HK.

Please DO NOT deduct any remit charges and correspondent bank charges from the remit amount. Please quote the bill number as payment detail.

Cheque payable to "The Chinese University of Hong Kong"

Credit Card (VISA/MASTERCARD*)

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Cardholder's Name _____

Cardholder's Signature _____

*Please delete as appropriate.

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 the registration form if not already registered as a user.