

Return this page via fax to: 702-446-8397

Generic Spanish <u>4-Page Brochure</u> — Custom Order Form

- This order form is for the Generic 4-page Non-Surgical Spinal Decompression Patient Brochure. It is made from one 11"x17" sheet folded in half to make four 8.5"x11" pages. Call or email for a hard copy sample.
- The cost of order is due immediately prior to printing.
- 4-page brochures come shrink-wrapped in 100-count bundles.
- All custom 4-page orders are printed in a batch with other orders to save on costs. Your brochures <u>will</u> <u>be printed within 30 days of placing your order</u>.

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Generic Lumbar Only _____

Generic Lumbar + Cervical

STEP 2: Fill out info below.

Product Description	Qt	/ Unit Price	Total
2500+ 4-Page Full Color Custom Brochure — Minimum 2500		.90	
5000+ 4-Page Full Color Custom Brochure — Minimum 5000		.60	
Front cover customizations — See page 3 for details		99.00	
Page 2 testimonial change — See page 3 for details		49.00	
Back cover customizations — See page 4 for details		49.00	
Please fold my brochure: in half in thirds (check o	ne)	45.00 per 2500	
10% Off First Order (Does not apply to shipping, folding, or special design fee	s.)		
		Subtotal	
SHIPPING WILL BE CALCULATED BY MEDIA WEST. 4-page brochures are sent (takes 1–6 business days). The cost will be what UPS Ground charges from the Words to approximately \$100 per 2500 4-page brochures, depending on your local	est Coast to your lo		
Please Note: Custom orders are non-cancellable. All sales final. Total			

Planning On Doing A Mailer?

If so, you'll <u>love</u> our print & fold option!
(Available for custom orders only.)

For just \$25 (per 2500), you can have your 4-Page brochures mechanically folded in half (fits in a 6" x 9" envelope), or in thirds (fits in a 41/4" x 9" envelope).

Order the folding option here



Folded in half Folded in thirds



Example of mailers in window envelopes (envelopes available at www.uline.com)



STEP 3: Choose your desired cover. Please check one.

- Lumbar-Cervical Covers will say "Do You Suffer from Chronic Low Back or Neck Pain?"
- Lumbar-Only Covers will say "Do You Suffer from Chronic Low Back Pain?"

Cover 1: _____

Man Holding Neck

Default Cover for Spanish 4-Page Lumbar-Cervical



Cover 2: _____

Woman Holding Low Back

Default Cover for Spanish 4-Page Lumbar-Only



Cover 3: _____

Woman Holding Back & Neck

Additional Cover Choice





Front Cover Changes — \$99

The Dr. Zeliger quote may be replaced with one or a combination of the options below, so long as it fits in the space:

- · Logo and contact info
- · Your own doctor photo and quote
- · Patient photo and testimonial

Dimensions of quote box may be changed slightly to fit your custom content. Patient testimonials may need to be edited for length and clarity. Size and shape of quote box varies slightly depending on cover.



Page 2 Testimonial Change — \$49

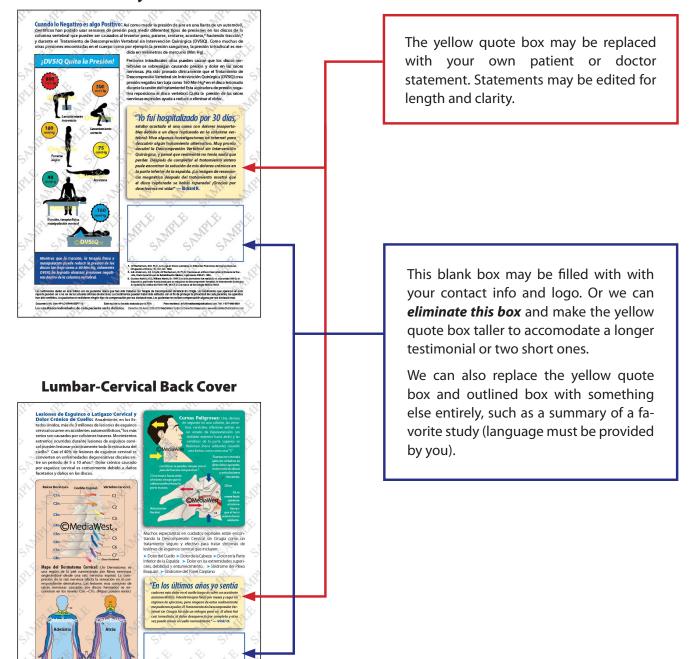
The yellow quote box on page 2 may be replaced with your own doctor or patient statements, and will be edited if necessary to fit in the designated space.





Back Cover Customizations — \$49

Lumbar-Only Back Cover



Checklist of Things We Need From You

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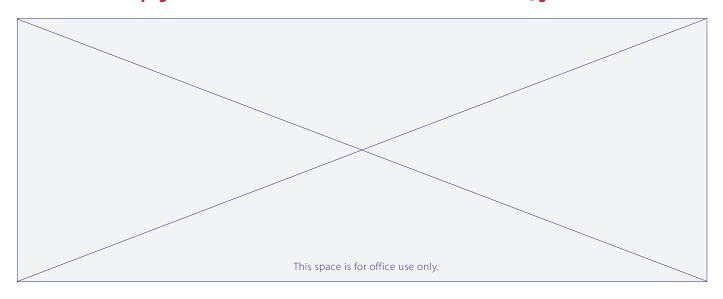
Please send logos and statements to orders@gomediawest.com

- **1.) High Resolution Logo:** Logos must be at least 900 pixels wide (for a horizontal logo) or 900 pixels tall (for a vertical logo). Logos are accepted in the following formats: JPEG, TIFF, EPS, PDF, vector, or Illustrator vector. Logos pulled from the web are too small. If you do not have a print-quality logo, but like your current logo, we offer logo re-creations beginning at \$75 for quick and easy reproductions. We charge \$50 per hour after the first hour. We also create original logos: \$150 starting price for text-only logos, and \$300 starting-price for illustrated logos. Each logo design comes with 3 rounds of revisions. Additional revisions come at a charge of \$50 per hour.
- **2.) Statements and Photos:** If you'd like to use any of your doctor or patient statements and photos for the front cover, or pages 2 and 4, please send the quotes and photos to orders@gomediawest. com. We encourage all doctors to obtain and keep on file signed release forms for all patient statements and photos.
- **3.) For Full Color Customizations:** Please see page 2 and check which cover you'd like.
- 4.) Information to Be Used In Custom Brochure Space:

Clinic Name on Brochure:		
Doctor or other medical professional names, if any you	u would like liste	ed:
Clinic Address:		
City:	State:	Zip Code:
Telephone: () –	Fax: () –
Second Clinic Address:		
City:	State:	Zip Code:
Telephone: ()	Fax: () –
Clinic Website Address (If applicable):		
Company Slogan (If applicable):		
Signature Required. I, the undersigned, understand that this order is non-cance	ellable and non-re	fundable. All custom orders are final.
Signature		Date
Print Name and Professional Title		



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SHIPPING AND CONTACT INFORMATION:

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Company:		
Contact Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone: () –	Fax: ()
Email:		
Clinic Website Address (If applicable)		
How did you hear about us?		
BILLING INFO	<u>ORMATION</u>	<u>•</u>
Receive link to secure payment via email	Me	edia West calls for credit card info
Name on card:		
Contact Phone:		
Contact Email:		