



## Custom Order Form: 24-Page DCOA NSSD Booklet

- This order form is for a 24-page 8.5"x11" magazine-style booklet on Non-Surgical Spinal Decompression (NSSD).
- Payment is due within 48 hours of going to press. We will notify you of this date.
- Booklets ship ~3 weeks after files are uploaded for printing. Booklets come shrink-wrapped in 25-count bundles.

**STEP 1:** Check one **Lumbar + Cervical** \_\_\_\_\_ **Lumbar Only\*** \_\_\_\_\_

*\*Due to low demand for Lumbar Only DCOA brochures, order minimum is 2500 as an isolated print run. See page 2 for details.*

**STEP 2:** Fill out desired quantity below in increments of 25.

**Batch Print Run:** For Black Ink and Full-Color options #1–3 (see page 2), we print multiple custom orders together in one batch, as it is more cost-effective. New print jobs include a printer's plate change fee and a design fee. Reprints will only be charged a plate change fee. Call or email to find out when we are going to press with our next batch print run.

Product Description	Quantity	Unit Price	Total Price
500+ 24-Page Custom Booklets <b>Batch Print Run</b>		<b>2.50</b>	
1000+ 24-Page Custom Booklets <b>Batch Print Run</b> <i>5% discount</i>		<b>2.37</b>	
1500+ 24-Page Custom Booklets <b>Batch Print Run</b> <i>10% discount</i>		<b>2.25</b>	
2000+ 24-Page Custom Booklets <b>Batch Print Run</b> <i>15% discount</i>		<b>2.12</b>	
2500+ 24-Page Custom Booklets <b>Batch Print Run</b> <i>20% discount</i>		<b>2.00</b>	
2500+ 24-Page Custom Booklets <b>Isolated Print Run</b>		<b>2.50</b>	
5000+ 24-Page Custom Booklets <b>Isolated Print Run</b>		<b>2.25</b>	
<b>PLEASE NOTE: PRICES SUBJECT TO CHANGE</b>			
<b>Ask about our DCOA Member discount!</b> <i>(Applied to subtotal before shipping. Does not apply to customization package cost.)</i>			
<b>Booklet Subtotal</b> <i>(Quantity x Unit Price)</i>			
<b>Customization Package Subtotal</b> <i>(Selected from Page 2)</i>			
<b>SHIPPING WILL BE CALCULATED BY MEDIA WEST:</b> 24-page booklets are sent via UPS Ground (1 to 6 business days). The cost will be what UPS Ground charges from the West Coast to your location. Cost is approximately \$100 per 500 24-page booklets, depending on your location. Shipping prices subject to change.		<b>Shipping</b>	
<b>Custom orders are non-cancellable. All sales are final.</b>			<b>Total</b>

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**STEP 3: Choose your customization package. Please check one.**

- **Cost covers printer’s plate change fees and graphic design fees**
- **See pages 3 and 4 for examples of customizations**
- **What does the design fee cover?** Our graphic designer will look through the logo files and photos you have provided to ensure they are the appropriate resolution and file type. They will then adjust the layout to accommodate your custom logo, content info, photos, and testimonials. This may include applying edits to the photo in Adobe Photoshop or making edits/adjustments to your logo files when necessary. Our copywriter will look over your testimonial and may edit it for length and clarity when necessary.

**Black Ink** Order minimum is 500 **New Jobs: \$274** (\$175 plate change fee + \$99 design fee) \_\_\_\_\_

**Back cover only:** **Reprints: \$175** \_\_\_\_\_

Your logo and contact info in black ink is placed in designated area on back page.

**Full-Color #1** Order minimum is 1000 **New Jobs: \$524** (\$425 plate change fee + \$99 design fee) \_\_\_\_\_

**Reprints: \$425** \_\_\_\_\_

- **Front cover:** Choose from five cover designs (shown on page 3 of order form). Doctor quote may be replaced with either A.) a patient or doctor quote of your choice or B.) your contact info and logo.
- **Back cover:** Your logo and contact info in full color is placed in designated area on back page. You can replace the small photo on the far right in the top dark blue section with your own.

**Full-Color #2** Order minimum is 1000 **New Jobs: \$624** (\$425 plate change fee + \$199 design fee) \_\_\_\_\_

**Reprints: \$425** \_\_\_\_\_

- **Front and Back Covers**
- **Doctor Quote on Page 4:** Replace with your own doctor photo and testimonial. Patient testimonials are left as is.

**Full-Color #3** Order minimum is 1000 **New Jobs: \$723** (\$425 plate change fee + \$298 design fee) \_\_\_\_\_

**Reprints: \$425** \_\_\_\_\_

- **Front and Back Covers**
- **All of Page 4:** Replace with your own doctor and patient photos and quotes.

**Isolated Print Run:** Full-Color options #4 and 5 are ideal for doctors in need of larger quantities who don’t want to wait for our next batch print run. Minimum order quantity is 2500. There is no plate change fee, only a design fee.

**Full-Color #4** Order min: 2500 **\$199** \_\_\_\_\_

- **Front and Back Covers**
- **Doctor Quote on Page 4**
- **Yellow Quote Boxes on Pages 2 and 3:** Replace with your own doctor and patient photos and quotes.

**Full-Color #5** Order min: 2500 **\$249** \_\_\_\_\_

- **Front and Back Covers**
- **All of Page 4**
- **Yellow Quote Boxes on Pages 2 and 3**

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**STEP 4: For full-color jobs, choose your front cover design. Lumbar Only Covers will say "Do You Suffer from Chronic Low Back Pain?"**

**Cover #1 is the default cover used for black in customizations. Lumbar Only Covers will say "Do You Suffer from Chronic Low Back Pain?"**

**#1: Man w/Black Background**

**#2: Man w/Blue Background**

**#2: Man in Black Shorts**

**#4: Woman Holding Low Back**

**#5: Man Holding Back & Neck**

**#6: Woman in Black Top**

**What Can I Customize on the Front Cover?**

Current doctor quote may be replaced with your Dr. Photo and Quote, Patient Photo and Statement, or simply Your Logo and Contact Info all in full-color. Dimensions of quote box may be changed to better suit the content within. Statements may need to be edited for length and clarity.

**PLEASE NOTE: Size and shape of quote box varies slightly depending on cover.**

## Back Cover Customizations:

**For Full-Color Jobs:** The blank space may be filled with your Full-Color contact info, logo, slogan, doctor and/or patient statement. You may also change out the far right photo (outlined in red) with your own.

**For Black Ink Jobs:** This blank space may be filled with black contact info, logo, slogan, etc.

**Inside This Special Report on Back & Neck Pain...**

Learn about the new...  
Are you having...?  
Are you tired of...?  
Has your spine...?

**Main Street  
Spine Center**  
Some Street, Suite 101 | City, State, Zip Code  
Call Today: 000-000-0000  
Or visit us online at [www.YourWebSiteHere.com](http://www.YourWebSiteHere.com)

**Inside This Special Report on Back & Neck Pain...**

Learn about the new...  
Are you having...?  
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Some Street, Suite 101 | City, State, Zip Code  
Call Today: 000-000-0000  
Or visit us online at [www.YourWebSiteHere.com](http://www.YourWebSiteHere.com)

## Inside Page Customization Options:

**Quote from page 2 and 3  
Available with Isolated Print Runs of 2500+**

**"Driving, walking, sitting, standing, and bending were all impossible to do without unbearable pain... I met with the doctor offering this... and..."**

**— Christopher R.**

**"I have given more than 20,000 Non-Surgical Spinal Decompression treatments over the last nine years, knowing how many people this helps. I would never practice again without this technology!"**

**— Dr. Adrian Merzera, DC —  
Disrupt Doctor**

**"Professional athletes from all over the world choose Non-Surgical Spinal Decompression over surgery to get back on the game..."**

**FROM PROFESSIONAL ATHLETES TO EVERYONE ELSE**

**Page 4: DCOA Doctor & Patient Quotes**  
*Available with orders of 1000+*

Choose your own doctor quote and picture. You may keep the existing DCOA patients or put in 2-4 of your own patient statements. Quotes may be edited for length or clarity.

Call for pricing on quote changes for pages other than 2,3, and 4.

# Checklist of Things We Need From You

Return this page via fax: 702-446-8397 or scan and email to: [orders@mediawestpublications.com](mailto:orders@mediawestpublications.com)

Please send logos and statements to [orders@mediawestpublications.com](mailto:orders@mediawestpublications.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, back cover, pages 2, 3, 4 for the 24-page booklet, please send the quotes and photos to [orders@mediawestpublications.com](mailto:orders@mediawestpublications.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 3 and check which cover you'd like.
- 4.) Information to Be Used In Custom Booklet Space:**

Clinic Name on Booklet: \_\_\_\_\_

Doctor or other medical professional names, if any you would like listed:  
\_\_\_\_\_

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. Please Sign Below

I, the undersigned, understand that this order is non-cancellable and non-refundable. All custom orders are final.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Professional Title

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**SHIPPING AND CONTACT INFORMATION:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_      Fax: (        ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Clinic Website Address (If applicable) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**BILLING INFORMATION:**

**Please Check one:**

**Receive link to secure payment via email**       **Media West calls for credit card info**

Name on card: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_