



Custom Order Form: 24-Page Generic 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 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 Batch Print Run		2.50	
1000+ 24-Page Custom Booklets Batch Print Run 5% discount		2.37	
1500+ 24-Page Custom Booklets Batch Print Run 10% discount		2.25	
2000+ 24-Page Custom Booklets Batch Print Run 15% discount		2.12	
2500+ 24-Page Custom Booklets Batch Print Run 20% discount		2.00	
2500+ 24-Page Custom Booklets Isolated Print Run		2.50	
5000+ 24-Page Custom Booklets Isolated Print Run		2.25	
PLEASE NOTE: PRICES SUBJECT TO CHANGE			
10% Off First Order <i>(Applied to subtotal before shipping. Does not apply to customization package cost.)</i>			
Booklet Subtotal <i>(Quantity x Unit Price)</i>			
Customization Package Subtotal <i>(Selected from Page 2)</i>			
SHIPPING WILL BE CALCULATED BY MEDIA WEST: 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.		Shipping	
Custom orders are non-cancellable. All sales are final.			Total

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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) _____

- **Front cover:** Choose from five cover designs (shown on page 3 of order form). **Reprints: \$425** _____
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) _____

- **Front and Back Covers** **Reprints: \$425** _____
- **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) _____

- **Front and Back Covers** **Reprints: \$425** _____
- **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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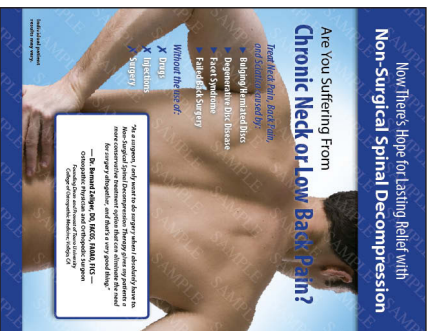
STEP 4:

If Purchasing a Full-Color Customization, Please Choose any Cover.
 Default Covers (labeled below) are used for Black Ink Customizations.

Booklet Cover Options. Please Check One.

Note: Lumbar-Only Covers will say "Do You Suffer from Chronic Low Back Pain?"

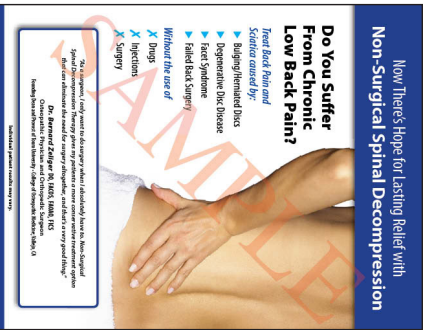
Cover 1: Man on Blue Background _____
 Default Cover for 24-Page Lumbar-Cervical



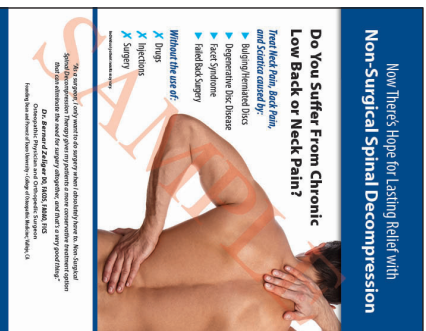
Cover 2: Man in Black Shorts _____
 Default Cover for 24-Page Lumbar-Only



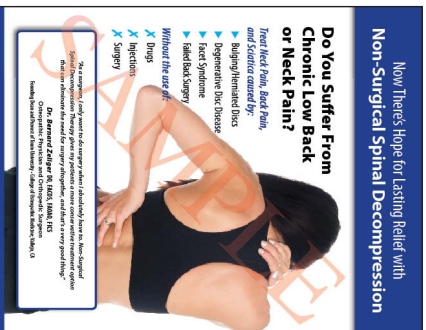
Cover 3: Woman Holding Lower Back _____
 Default Cover for 4-Page Lumbar-Only



Cover 4: Man Holding Back & Neck _____
 Default Cover for 4-Page Lumbar-Cervical



Cover 5: Woman in Black Top _____
 Additional Cover Choice



What Can I Customize on the Front Cover?
1.) Front Cover Customizations

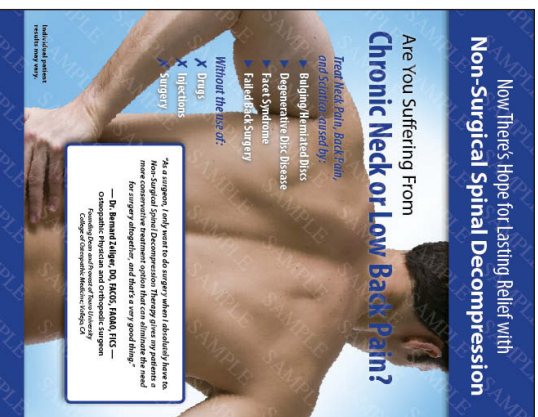
For Full-color Jobs: Current doctor quote may be replaced with your Dr. Photo & Quote, Patient Photo & Statement, or simply Your Logo and Contact Info. All in Full-Color. Dimensions of quote box may be changed to better suit the content within. Statements may need to be edited for length and clarity.

For Black Ink Jobs: Current doctor quote may be replaced with your own Dr. Photo & Quote, Patient Photo & Statement, or simply Your Logo and Contact Info, all in black ink (black ink does allow for shades of grey). Dimensions of quote box cannot be changed. Statements may need to be edited for length and clarity.

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



Cover 6: Man Holding Lower Back _____
 Default Cover for 4-Page Lumbar-Only



Checklist of Things We Need From You

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Please send logos and statements to 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. 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

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

This space is for office use only.

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: _____