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Features of our Electronic Non-Surgical Spinal Decompression (NSSD) Booklet:

- Customized with your logo and contact information on every page.*
- Seamlessly integrates into your website offering an impressive “Wow Effect.”
- Patient views the 24-page color booklet through their web browser while on your website.
- Can be viewed on PC & Mac desktop computers and most smart phones and tablets (Apple & Android).
- Patients can view the booklet right from their email. Just include a link to the booklet and with one click, it’s right there in front of them.
- Can be used even if you don’t have a website.

Step 1. Please check one: Lumbar Only _____ Lumbar with Cervical _____

Step 2. Please check one: Generic 24-Page _____ DCOA 24-Page _____ 24-Page VAX-D® _____

Step 3. Please check all that apply:

Product Description	Price
One time Design and Set up fee	\$124 _____
Fee for First Year of Use	\$169 _____
Annual Renewal Fee (starts the 2nd year)	\$149 _____
Change Fee (covers changes to existing booklets)	\$74 _____
* The 24-page Electronic Booklet is customized with your contact information on the front and back cover, as well as the bottom of each inside page. <u>Additional design fees may apply if special customizations are requested. Call for details.</u>	PLEASE NOTE: ALL SALES ARE FINAL
	Total: _____

Step 4. Provide clinic info below.

Clinic Name: _____

Website: _____

Office Address: _____

Doctor(s) Names & Titles: _____

Telephone: _____

Document Title: Shows at top of browser when booklet is viewed on phones and tablets (Title Example: Smith_Chiropractic).

Please send all logo files in your possession (jpeg, pdf, eps, tiff, psd, ai, etc) to orders@mediawestpublications.com and we will determine which file is appropriate for use.

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Company: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ - _____ Fax: () _____ - _____

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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: _____

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Sandy, OR 97055

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End User Client

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By: _____
Signature Title

Print Name Date