In-Stock Order Form: 24-page Booklets and 4-page Brochures

Order by Phone: 702-948-0633, 9-5 PST • Order by Fax: Return this page to 702-446-8397 Order by Email: Scan and send to orders@gomediawest.com

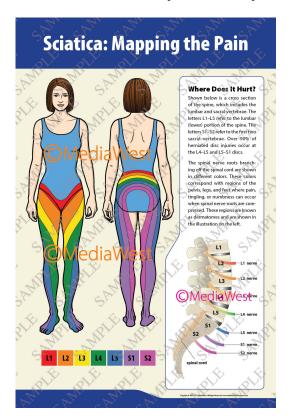
Step 1 Check one: Lumba	ar Only Lumbar+	-Cervical	24-page	Booklet (8.5"x11")	
Step 2 (heck one: Generi	c DCOA (Lumb	ar+Cervical)	VAX-D®		
Step 3 List desired quantity i				5 that cannot be opened).	
Product Des		Quantity	Unit Price	Total Price	
125+ 24-Page Booklets	•	Quantity	2.30 Each		
500+ 24-Page Booklets			2.18 (5% discount)		
1000+ 24-Pag	e Booklets		2.07 (10% discount)		
1500+ 24-Pag	e Booklets		1.95 (15% discount)		
2000+ 24-Pag	e Booklets		1.84 (20% discount)		
2500+ 24-Pag	e Booklets		1.72 (25% discount)		
	Generic Lu		ve a discount on the total bro Generic Lumbar+Cervical S		
Step 2 Add total # of brochui	res from Step 1 and put in Qu	ıantity field. Multiply Quar	ntity x Unit Price to see your To	tal Price before shipping.	
Product Des	scription	Quantity	Unit Price	Total Price	
100+ 4-Page Brochures	(100 is min order qty)		.60		
300+ 4-Page I	Brochures		.57 (5% discount)		
500+ 4-Page l	Brochures		.54 (10% discount)		
1000+ 4-Page Brochures			.51 (15% discount)		
1500+ 4-Page			.48 (20% discount)		
2000+ 4-Page Brochures .45 (25% discount)					
Step 1 Choose your 24-page:	Generic Lumbar Only DCOA (Lumbar+Cervical)		r+Cervical Only VAX-D®	Special Offers Lumbar+Cervical	
Step 2 Choose your 4-page:	Generic Lumbar Only	Generic Lumba	r+Cervical Spanish	Lumbar Only	
	Spanish Lumbar+Cervical	VAX-D® Lumba	Only VAX-D®	Lumbar+Cervical	
Step 3 List desired quantities in the Quantity field below. Multiply Quantity x Unit Price to see your Total Price before shipping.					
Product Des	scription	Quantity	Unit Price	Total Price	
Sampler #1 (50 24-p	age + 100 4-page)		175.00		
Sampler #2 (100 24-page + 100 4-page)			290.00		
Combo Order (125 24-	page + 500 4-page)		515.00 (extra 7.5% discount)		
Approximate USA Shipping 125 24-page booklets shipper 500 4-page brochures: Groun Shipping prices subject to cha	d Ground UPS is ~\$29. d UPS is ~\$23; Priority Mail	is ~\$25 10% Disco u	Subtotal unt for First-Time Orders Shipping	Checkout	
Ground UPS (1 – 7) or USPS Price	ority Mail (2-4)	Please Note: ALL	ALES ARE FINAL —Total		

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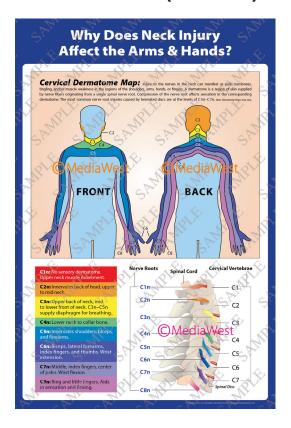
Poster Order Form

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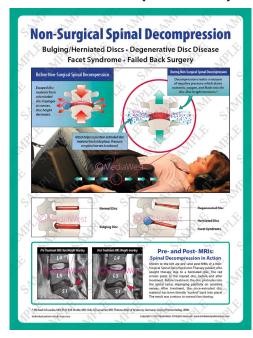
Sciatica Poster (24" x 36")



Cervical Poster (24" x 36")



NSSD Poster (18" x 24")



Fill in desired quantities below. You can order multiple poster types and receive a discount on the total amount.

Product Description	Sciatica Poster Qty	Cervical Poster Qty	NSSD Poster Qty	TOTAL Poster Qty	Unit Price	Total Price
1-3 Posters					\$25 ea	
4-7 Posters					\$21 ea	
8–11 Posters					\$18 ea	
12–15 Posters					\$16 ea	
16+ Posters					\$15 ea	

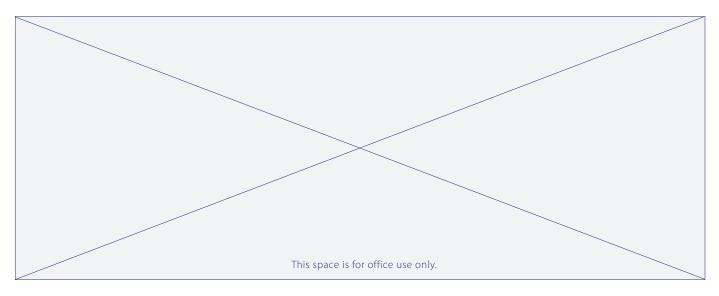
Subtotal	
Shipping	
Please Note: ALL SALES ARE FINALTotal	

Shipping: Up to 10 poster per tube: \$15 for UPS Ground or Priority Mail. Prices subject to change. **Business Days to Ship:** Ground UPS (1–7); USPS Priority Mail (2–4)

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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 INFOR	RMATION:
	AA IS AA A II G II G
Receive link to secure payment via email	Media West calls for credit card info
Name on card:	
Contact Phone:	
Contact Email:	

Get A Discount On Your Next Order When You Refer Us to Your Colleagues

Get Referral Credit! When someone you refer to us places an order of \$145 or more, you get a \$25 to \$50 credit towards your next order. \$25 credit when referrals order between \$145–\$399, and a \$50 credit when referrals order \$400 or more. It's our way of saying Thank You!

If you want, you can give us a referral in the space provided below. We'll send brochure samples in hardcopy or electronic format to the clinic you name, and if they place an order of \$145 or greater, a credit will be applied to your next order. It's that easy! You may also email any additional referrals to orders@gomediawest.com.

Fill out info below and return this page via email or fax. Email: orders@gomediawest.com • Fax: 702-446-8397 Ouestions? Call 877-968-8631

Your Name:		
Your Clinic Name:		
Phone:		
Email:		
Name of Referral:		
Referral Clinic Name:		
Referral Phone:		
Referral Email:		
Referral Address:		
City:	_ State:	_ Zip: