

Custom Brochure Order Form

This document contains a total of SEVEN pages, including this page. Be sure to read and fill out the information on the following pages. Thanks!



Custom Brochure Order Form

Non-Surgical Spinal Decompression Patient Brochures (8.5"x11")

Return via fax to: 702-446-8397 or Call: 877-968-8631

Please check one option: Lumbar Only _____ Lumbar with Cervical _____

One half of the cost of order is due immediately prior to printing. Second half just before shipping. These two charges occur approximately 2-3 weeks apart.

24-PAGE BROCHURE IS AVAILABLE IN INCREMENTS OF 25 SHRINK-WRAPPED BROCHURES

Product Description	Quantity	Unit Price	Total Price
500+ 24-Page Custom Brochure (Black Ink - 500 is minimum order)		2.00	
1000+ 24-Page Custom Brochure (Full Color - 1000 is minimum order)		1.90	
1500+ 24-Page Custom Brochure		1.80	
2000+ 24-Page Custom Brochure		1.70	
2500+ 24-Page Custom Brochure		1.60	
3000+ 24-Page Custom Brochure		1.50	
Black Ink Customization for 24-Page Front/Back Covers		150.00*	
Full-Color Customization for 24-Page Front/Back Covers		400.00*	

4-PAGE BROCHURE IS AVAILABLE IN INCREMENTS OF 100 SHRINK-WRAPPED BROCHURES

Product Description	Quantity	Unit Price	Total Price
2500+ 4-Page Black Ink Only Custom Brochure		.39	
5000+ 4-Page Black Ink Only Custom Brochure		.35	
5000+ 4-Page Full Color Custom Brochure		.39	
10,000+ 4-Page Full Color Custom Brochure		.35	

10% Off First Order (applied to subtotal, before shipping. Does not apply to customization charge.)	
Subtotal	
** (FEDEX ground charges) — Shipping	
Total	

* Additional design fees may be incurred, if client requests special customizations. Call for details.

**Shipping will be added. It is what FEDEX Ground charges from U.S. West Coast to your location. Depending on your location, shipping is approximately \$12 to \$27 per box of 150 24-pagers and \$6 to \$17 per box of 500 4-pagers.

Please print all information neatly.
FAX To: 702-446-8397 or Call: 877-968-8631

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? _____

CREDIT CARD PAYMENT INFORMATION:

MasterCard _____ Visa _____ Discover _____ AMEX _____

Credit Card Number: _____
Exp Date: _____ Security Card Code (3 digit code on back. 3 or 4 digit code on front of AMEX) _____
Name on Card: _____
Your Billing Company Name, If Applicable: _____

BILLING ADDRESS FOR CREDIT CARD OR BANK CHECK:

Billing Address is same as shipping: _____

Billing Address: _____
City: _____ State: _____ Zip Code: _____
Billing Telephone: () _____ - _____

BANK CHECK PAYMENT INFORMATION:

Account Type: ___ Business Checking ___ Personal Checking ___ Business Savings ___ Personal Savings
9-Digit Bank Routing Number: _____
Bank Account Number: _____ Check #: _____
Bank Name: _____ Bank State: _____
Check Signer's Name: _____
Check Signer's Driver License #: _____ Driver License State: _____
Name or Company Name on Check: _____

IMPORTANT: Please download and view the “Custom Cover Options” PDFs (one for EACH brochure you are going to have customized) from our website at www.mediawestpublications.com. Click on the “ORDER” tab in the navigation bar at the top of the page. From there you will have the option of downloading one of four different “Custom Cover Options” PDFs — one for the 4-page Lumbar/Cervical, one for the 4-page Lumbar Only, one for the 24-page Lumbar/Cervical, and another for the 24-page Lumbar Only. Please download and look over the PDFs that correspond with the brochures you are having customized. These PDFs show you all of your cover options for each given brochure and gives you a visual of exactly what the custom order space looks like on your brochure.

Customization Fees (None for 4-Page Customizations)

For 24-page Black Ink Only Custom Orders: Cost is \$150. Includes \$100 Black Ink Plate Change Fee and a \$50 graphic design fee. Your contact info, logo, any photos, etc. will be printed in BLACK INK ONLY on the FRONT AND/OR BACK in the designated space. Rest of brochure will be in full color. \$50 design fee is waived for future re-orders.

For 24-page Full Color Custom Orders: Cost is \$400. Includes \$350 4-Color Ink Plate Change Fee and a \$50 graphic design fee. Your contact info, logo, any photos, etc. will be printed in FULL COLOR on the FRONT AND/OR BACK within the designated spaces. The rest of brochure will be in full color also.

Information to be Used In Custom Brochure Space:

If the clinic information you would like printed on your custom brochures is different from your Shipping and Contact Information (page 3), please provide us with the relevant information below. All fields are optional. It really just depends on what you want to have on your brochure in relation to the custom space available.

Please print all information neatly. FAX this page to: 702-446-8397

Clinic Name on Brochure: _____

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): _____

List of Available Customizations

Alternate Cover Choices For Full-Color Orders Only:

The doctor testimonial on the front cover of all the brochures may be replaced with a doctor or patient testimonial of your choosing, so long as it fits in the existing rectangular space available (see Custom Cover Options PDFs for more details). Please send your doctor or patient testimonial to orders@mediawestpublications.com. Keep in mind that quotes may be edited down to fit in the designated space.

Doctor Replacement Quote for Front Cover Customizations:

(Applies to both 24- and 4-Page Brochures, as well as Full Color and Black Ink Orders)

The doctor testimonial on the front cover of all the brochures may be replaced with a doctor or patient testimonial of your choosing, so long as it fits in the existing rectangular space available (see Custom Cover Options PDFs for more details). Please send your doctor or patient testimonial to orders@mediawestpublications.com. Keep in mind that quotes may be edited down to fit in the designated space.

Back Cover Customizations Available for 24-Page Brochures Only:

The back cover may be customized with any relevant clinic information or images you wish to use. In addition to your logo, address, and website address, you may include additional info such as a doctor or patient testimonial and photograph, description of clinic services, etc. We can design the layout for your custom content on the back cover, or you may provide a design from a graphic designer you already work with. Designs must fit within a space of 7.25 inches wide and 4.25 inches high. Please send information or design to email address above. Designs must be in PDF, EPS, or TIFF format, and must be 300 dots per inch when at a size of 7.25 inches wide.

Back Cover Customizations Available for 4-Page Brochures Only:

Contact Info Box: This customization option is available for both Full-Color and Black Ink Customizations. The blue outlined box in the bottom right of the back page may be customized to include your contact information.

Yellow Quote Box Customizations: This customization option pertains to Full-Color 4-Page Customizations Only. The testimonials within the yellow box on the back cover and/or inside of the four page brochures may be replaced with your own patient or doctor testimonials.

Order Minimums (See order form for details)

24-Page Custom Brochures (Color & Black Ink): 500 is minimum order quantity for black ink. 1,000 is minimum order for full color customization. Price per brochure decreases as order quantity increases.

4-Page Black Ink Only Custom Brochures: Available order quantities: 2500 or 5000.*

4-Page Full-Color Custom Brochures: Available order quantities: 5000 and 10,000.*

* For pricing on higher quantities of 10,000 and above, please call Media West.

Checklist of Things We Need From You

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

Please also send logos and testimonials to orders@mediawestpublications.com

1.) High Resolution Logo:

Logos must be at 300 dots per inch and AT THE VERY LEAST 3 inches at its widest or tallest measurement. For example, if you have a horizontally long logo, please make sure it is at least 3 inches wide and 300 dots per inch, even if it is 1 inch in height. Logos are accepted in the following formats: JPEG, TIFF, EPS, PDF, vector, or Illustrator vector. Logos pulled from your web page are unfortunately too low of a quality to print. If you do not have a print-quality logo, but like your current logo design, we offer logo recreations 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.) Optional Doctor Replacement Quote for Front Cover: Please send the quotes to the email address above. We encourage all doctors to obtain and keep on file signed release forms for all patient testimonials.

3.) For Full Color Customizations (24-Page and 4-Page): Let us know which front cover design you'd like to go with. See the Custom Cover Options PDFs for alternate cover options. Please Check which cover you'd like for the following:

Lumbar Only 24-page Brochure:

Default Cover (Male, Full-Body, Black Shorts) _____ Alternate Cover – Female, Lower Back _____
Alternate Cover – Male, Blue Background _____ Alternate Cover – Female, Black top, black shorts _____

Lumbar/Cervical 24-page Brochure:

Default Cover (Male, Blue Background) _____ Alternate Cover – Female, Lower Back _____
Alternate Cover – Male, Blue Background _____ Alternate Cover – Female, Black top, black shorts _____

Lumbar Only 4-page Brochure:

Default Cover (Female Lower Back, White Background) _____ Alternate Cover – Male, Full-Body, Black Shorts _____
Alternate Cover – Male, Blue Background _____ Alternate Cover – Female, Black top, black shorts _____

Lumbar/Cervical 4-page Brochure:

Default Cover (Female, Black top, black shorts) _____ Alternate Cover – Female, Lower Back _____
Alternate Cover – Male, Full-Body, Black Shorts _____ Alternate Cover – Male, Blue Background _____

4.) For 4-Page Full Color Customizations: Patient or Doctor Replacement Testimonials for Yellow Quote Boxes on Back and/or Inside Pages. Please send the quotes to the email address above. We encourage all doctors to obtain and keep on file signed release forms for all patient testimonials. Media West may edit these testimonials for clarity or space consideration.

Refer us to your colleagues, and get credit towards your next order!

Get Referral Credit! When someone you refer to us places an order of \$145 or more, you get a credit towards your next order over \$200. \$25 credit when referrals order between \$145–\$399, and a \$50 credit when referrals order \$400 or more. One referral credit per purchase. 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 info@mediawestpublications.com.

Your Name: _____

Your Clinic Name: _____

Phone: _____

Email: _____

Name of Referral: _____

Referral Clinic Name: _____

Referral Phone: _____

Referral Email: _____

Referral Address: _____

City: _____ State: _____ Zip: _____

**Please print all information neatly.
FAX this page to: 702-446-8397**