

### Features of our 24-Page Electronic Flash Brochure:

- Electronic Brochure is customized with your contact information.\*
- Seamlessly integrates into your website offering an impressive “Wow Effect.”
- Patient views the 24 page color brochure through their web browser while on your website.
- Can be viewed on all Flash-enabled computers (e.g. Windows, Mac, etc). We recommend using Firefox for optimal viewing.
- Patients can view customized 24 page color brochure right from their email. Just include a link to the Electronic Flash Brochure 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 option:** Lumbar Only \_\_\_\_\_ Lumbar with Cervical \_\_\_\_\_

**Step 2. Please check one option:** Generic 24-Page Non-Surgical Spinal Decompression \_\_\_\_\_ 24-Page VAX-D® \_\_\_\_\_

**Step 3. Please check all that apply:**

Product Description	Total Price (Please Check All that Apply)
3-Month Pre-Paid Subscription	\$105 (works out to be \$35 per month) _____
6-Month Pre-Paid Subscription	\$192 (works out to be \$32 per month) _____
12-Month Pre-Paid Subscription	\$348 (works out to be \$29 per month) _____
Design and Setup	\$99 (one time charge) _____
* The 24-page Electronic Flash Brochure 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>	<b>Sales Tax:</b> We are required to add sales tax to WA and WY orders. _____
	<b>Total:</b> _____

**Step 4. Please List the Info You Want Shown on Your Custom Electronic Flash Brochure:**

**Clinic Name:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Doctor(s) Names & Titles:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Logo:** If you have a logo, please send a high-res, full color image in pdf, jpeg, tiff, or eps to orders@mediawestpublications.com.

**Return via Fax: 702-446-8397 or Call: 877-968-8631**

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

**Step 5.**

**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? \_\_\_\_\_

**Step 6.**

**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: \_\_\_\_\_

**Step 7. Optional**

## Get FREE Months by Sending Us Referrals!

You will receive a FREE MONTH subscription for each person you refer to us who subscribes to our Electronic Flash Brochure. Do this every month and get your subscription FREE!

Go ahead and give us a referral in the space provided below. We'll send an electronic sample to the clinic you name: If they subscribe, your next month is FREE. It's that easy! You may also send any additional referrals to [info@mediawestpublications.com](mailto:info@mediawestpublications.com).

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

Your Name: \_\_\_\_\_

Your Clinic Name: \_\_\_\_\_

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

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

Name of Referral: \_\_\_\_\_

Referral Clinic Name: \_\_\_\_\_

Referral Phone: \_\_\_\_\_

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

Referral Address: \_\_\_\_\_

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

**Electronic Media User License Agreement (EMULA):**

**I. PARTIES TO AGREEMENT:**

**Publisher:**

**MediaWest Corp**

**PO Box 7413**

**Sheridan, WY 82801**

**(702) 948-0633 Business**

**(702) 446-8397 Fax**

**Email: [Orders@MediaWestPublications.com](mailto:Orders@MediaWestPublications.com)**

**End User Client:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

This agreement is between MediaWest Corporation, hereinafter also referred to as "Publisher," and \_\_\_\_\_, hereinafter also referred to as "End User Client."

*See above listed information.*

**II. SUBSCRIPTION BASED SERVICE / ONE TIME SETUP FEES**

- a. The parties to this agreement hereby establish a subscription in which customized electronic versions of medical marketing materials are provided by Publisher to End User Client. The subscription is ongoing, and may be cancelled at the end of each subscription period by either party at any time for any reason as long as ten (10) days notice is given.
- b. During the period of subscription, End User Client may distribute in unlimited quantity materials provided to it under this agreement by Publisher. Use and distribution of said materials is governed by sections III and IV of this agreement.
- c. End User Client will pay Publisher a one time standard design fee of \$99.00 (Ninety-Nine Dollars) for each unique Electronic Flash 24 Page Spinal Decompression Brochure. Said Electronic 24 Page Brochure may require the services of a qualified Web Master as they are hosted on a web site. Once properly configured they may be viewed by any computer running an internet web browser capable of displaying Adobe® Flash Media Products.
- d. In addition to any one time setup fees, End User Client agrees to pay Publisher in advance for the period subscription is active; and billable by Publisher to End User Client Credit, Debit Card, or Electronic Check. The rate of said subscription is as follows: \$105.00 (One Hundred Five Dollars) for three months, \$192.00 (One Hundred Ninety Two Dollars) for six months, or \$348 (Three Hundred Forty Eight Dollars) for twelve months; depending on which subscription option has been selected.
- f. Should either party terminate this subscription, or should the subscription lapse due to non-payment on the part of the End User Client, subscription shall be in effect through the last paid day. After the last paid day, subscription shall be considered to be expired. All materials provided to End User Client by Publisher shall be left active for an additional 10 (ten) days following the last paid day, after which Publisher may deactivate materials without notice.
- g. All fees are payable in advance and are non refundable.

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- a. End User Client acknowledges and agrees that what it is purchasing from Publisher is a limited, non-exclusive license to store, distribute, and view materials provided by Publisher during the subscription period. This license, hereinafter referred to as "License," shall terminate upon expiration of subscription period.
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- c. End User Client expressly agrees that materials provided by Publisher are to be used exclusively for the promotion of End User Client's own medical services business. Materials provided by Publisher may not be modified, changed, and/or altered in any way except by Publisher.
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- c. Should End User Client violate this agreement and use or allow the use of protected materials in a fashion prohibited by paragraph (a) of section IV and/or paragraph (d) of section III of this agreement, End User Client agrees to pay any and all costs incurred by Publisher in any legal action(s) that it may take against End User Clients.

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- c. Publisher shall not be liable for any special, incidental, consequential, indirect, or punitive damages, lost profits or revenue, loss of use of the materials provided, loss of data, the cost of any substitute equipment or program, or claims by any party other than End User Clients.

**VI. ENTIRE AGREEMENT**

- a. This Electronic Media User License Agreement, hereinafter also referred to as "EMULA," is the entire agreement between the parties and may only be amended by written addendum signed by both parties.
- b. No person, other than the signatories of this agreement, including any vendor, distributor, dealer, retailer, sales person, or other person is authorized to modify this agreement or to make any warranty, representation, or promise which is different than, or in addition to, the warranties, representations, or promises of this agreement.
- c. Should any part of this agreement be found to be illegal or unenforceable, all other parts of this agreement shall remain intact and retain its full force and effect.

**VII. VENUE**

This agreement is governed by the laws of the State of Washington or wherever Publisher determines, and the United States of America.

**Media West Corporation- Publisher**

**End User Client**

\_\_\_\_\_  
Name of Clinic/Company

By: \_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date