

Can NOW be viewed on most Smart Phones and Tablets (Apple and Android)

Features of our 24-Page Electronic 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 Window and Mac computers and most smart phones and tablets (Apple & Android).
- Patients can view customized 24-page color brochure right from their email. Just include a link to the electronic 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	Price	<i>Check All Items You Are Ordering</i>
One time Design and Set up fee	\$149	_____
Fee for First Year of Use	\$199	_____
Annual Renewal Fee (starts the 2nd year)	\$179	_____
Change Fee (any changes to your contact info, etc.)	\$99	_____
* The 24-page Electronic 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>	Sales Tax: <i>We are required to add sales tax to WA and WY orders.</i> _____	<div style="background-color: #00a0e3; color: white; padding: 5px; text-align: center; font-weight: bold;">PLEASE NOTE: ALL SALES ARE FINAL</div> Total: _____

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

Clinic Name: _____

Website: _____

Office Address: _____

Doctor(s) Names & Titles: _____

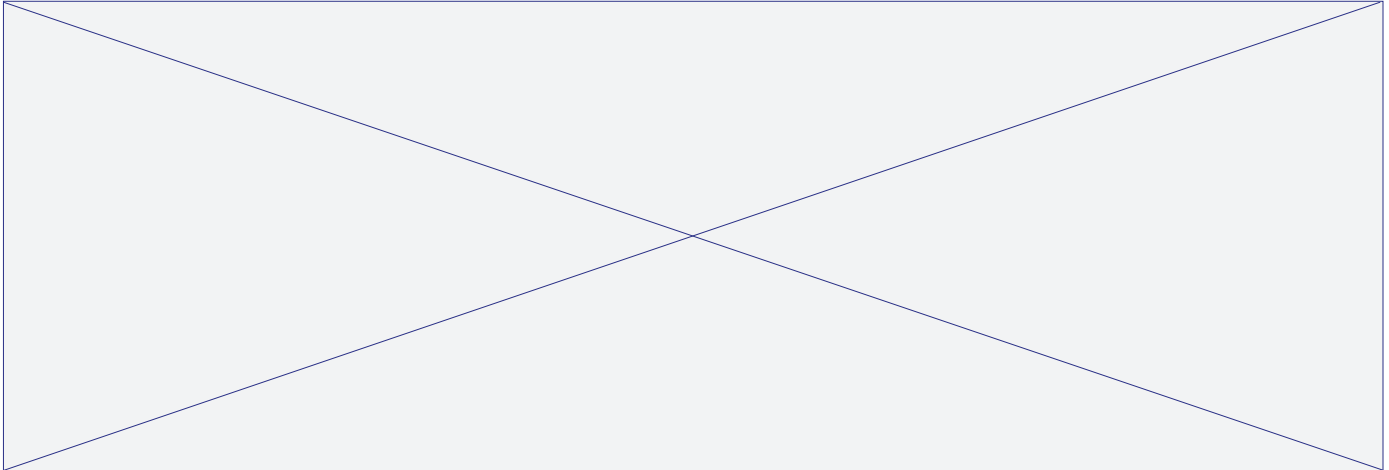
Telephone: _____

Document Title: *This title shows when brochure is opened on phones and tablets (Title Example: Smith_Chiropractic).*

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

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



Step 5.

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? _____

Step 6.

CREDIT CARD PAYMENT INFORMATION:

PLEASE NOTE: ALL SALES ARE FINAL

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:

Billing Address is same as shipping: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Telephone: () _____ - _____

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Publisher:

**MediaWest Corp
38954 Proctor Blvd, #158
Sandy, OR 97055
(702) 948-0633 Business
(702) 446-8397 Fax
eMail: Orders@MediaWestPublications.com**

End User Client:

Tel: _____
Fax: _____
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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.

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End User Client

Name of Clinic/Company

By: _____
Signature Title

Print Name Date