

# Brochure Order Form (24-Page and 4-Page)

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

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

**24-page**

**Step 1** Check one:  NSSD Lumbar Cervical  NSSD Lumbar Only  VAX-D® Lumbar Only  VAX-D® Lumbar Cervical

**Step 2** Fill in total order quantity below. 24-page brochure comes in shrink-wrapped bundles of 25 brochures each.

Product Description	Quantity	Unit Price	Total Price
<b>150+</b> 24-Page Brochure (150 is minimum order qty)		<b>2.00 Each</b>	
<b>500+</b> 24-Page Brochure 5% discount		<b>1.90</b>	
<b>1000+</b> 24-Page Brochure 10% discount		<b>1.80</b>	
<b>1500+</b> 24-Page Brochure 15% discount		<b>1.70</b>	
<b>2000+</b> 24-Page Brochure 20% discount		<b>1.60</b>	
<b>2500+</b> 24-Page Brochure 25% discount		<b>1.50</b>	
<b>3000+</b> 24-Page Brochure 30% discount		<b>1.40</b>	

**4-page**



**VAX-D 4-Page and also Generic Spanish 4-Page Now Available:** Mix & Match English and Spanish unbroken bundles of 100 for your quantity total discount. Order in space below.

**Step 1** Enter Desired Quantities of Each: Generic Lumbar Only ENG \_\_\_\_\_ Generic Lumbar Only SPAN \_\_\_\_\_ Generic Lumbar/Cervical ENG \_\_\_\_\_  
 Generic Lumbar/Cervical SPAN \_\_\_\_\_ Lumbar/Cervical VAX-D® (4-Page Only) \_\_\_\_\_ Lumbar Only VAX-D® (4-Page Only) \_\_\_\_\_

**Step 2** Fill in total order quantity in Quantity field below. 4-page comes in shrink-wrapped bundles of 100 brochures each.

Product Description	Quantity	Unit Price	Total Price
<b>100+</b> 4-Page Brochure (100 is minimum order qty)		<b>.45</b>	
<b>300+</b> 4-Page Brochure 10% discount		<b>.40</b>	
<b>500+</b> 4-Page Brochure 20% discount		<b>.36</b>	
<b>1000+</b> 4-Page Brochure 25% discount		<b>.34</b>	
<b>1500+</b> 4-Page Brochure 30% discount		<b>.32</b>	
<b>2000+</b> 4-Page Brochure 35% discount		<b>.30</b>	
<b>2500+</b> 4-Page Brochure 40% discount		<b>.28</b>	
<b>3000+</b> 4-Page Brochure 45% discount		<b>.26</b>	

**MediaWest Special Offers**

**Step 1** Check All That Apply:

4-Page Lumbar Only: ENG \_\_\_\_\_ SPAN \_\_\_\_\_ VAX-D® \_\_\_\_\_  
 4-Page Lumbar/Cervical: ENG \_\_\_\_\_ SPAN \_\_\_\_\_ VAX-D® \_\_\_\_\_  
 24-Page Lumbar Only: \_\_\_\_\_ 24-Page Lumbar/Cervical: \_\_\_\_\_

**Step 2** Fill in TOTAL order quantities below

Product Description	Quantity	Unit Price	Total Price
<b>Sampler #1</b> (50 24-Pg & 100 4-Pg)		<b>145.00</b>	
<b>Sampler #2</b> (100 24-Pg & 100 4-Pg)		<b>245.00</b>	
<b>Combo Order Special</b> (150 24-Pg & 500 4-Pg—7.5% discount)		<b>445.00</b>	
<b>10% Off First Order</b> (applied to subtotal, before shipping)			
<b>We are required to add sales tax to WA and WY orders.</b>	<b>Shipping Charges</b> are: FEDEX Ground (1-5 business days) or USPS Media Mail (2-9 business days).	<b>Subtotal</b>	
		<b>Shipping</b>	
		<b>Total</b>	

\*Shipping from U.S. West Coast to your U.S. address. Depending on your location, shipping for Ground FEDEX is approximately \$12 to \$27 (Media Mail \$20) per box of 150 24-pages and \$6 to \$17 (Media Mail \$13) per box of 500 4-pages.

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

**NSSD**

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

# Take a Look at Our Special Offers!

**Brochure Sampler:**  
 "Try out" our brochures without committing to a large order quantity:  
 Sampler #1: 50 24 -Page brochures and 100 4-Page brochures for \$145.  
 Sampler #2: 100 24 -Page brochures and 100 4-Page brochures for \$245.

**Combination Order Special:**  
 Get 150 24-Page Brochures and 500 4-Page Brochures for \$445. That's a 7.5% discount!

**10% Discount for First Time Orders!**

**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](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: \_\_\_\_\_