

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

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

Return this page via Email, Fax to 702-446-8397 or Call 877-968-8631

24-page

Step 1 Check one: Lumbar Only _____ Lumbar with Cervical _____ **Step 2** Check one: Generic _____ VAX-D® _____

Step 3 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 |
|--|----------|------------|-------------|
| 150+ 24-Page Brochure (150 is minimum order qty) | | 2.00 Each | |
| 500+ 24-Page Brochure 5% discount | | 1.90 | |
| 1000+ 24-Page Brochure 10% discount | | 1.80 | |
| 1500+ 24-Page Brochure 15% discount | | 1.70 | |
| 2000+ 24-Page Brochure 20% discount | | 1.60 | |
| 2500+ 24-Page Brochure 25% discount | | 1.50 | |
| 3000+ 24-Page Brochure 30% discount | | 1.40 | |

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 |
|---|----------|------------|-------------|
| 100+ 4-Page Brochure (100 is minimum order qty) | | .45 | |
| 300+ 4-Page Brochure 10% discount | | .40 | |
| 500+ 4-Page Brochure 20% discount | | .36 | |
| 1000+ 4-Page Brochure 25% discount | | .34 | |
| 1500+ 4-Page Brochure 30% discount | | .32 | |
| 2000+ 4-Page Brochure 35% discount | | .30 | |
| 2500+ 4-Page Brochure 40% discount | | .28 | |
| 3000+ 4-Page Brochure 45% discount | | .26 | |

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 |
|--|----------|------------------|-------------|
| Sampler #1 (50 24-Pg & 100 4-Pg) | | 145.00 | |
| Sampler #2 (100 24-Pg & 100 4-Pg) | | 245.00 | |
| Combo Order Special (150 24-Pg & 500 4-Pg—7.5% discount) | | 445.00 | |
| 10% Off First Order (applied to subtotal, before shipping) | | | |
| | | Subtotal | |
| | | Sales Tax | |
| | | Shipping | |
| | | Total | |

We are required to add sales tax to all orders from WA and WY.

Shipping Charges*: # of Business Days – Ground FEDEX (1 – 5); USPS Priority Mail (2-3); USPS Media Mail (2-9).

Please Note: ALL SALES ARE FINAL

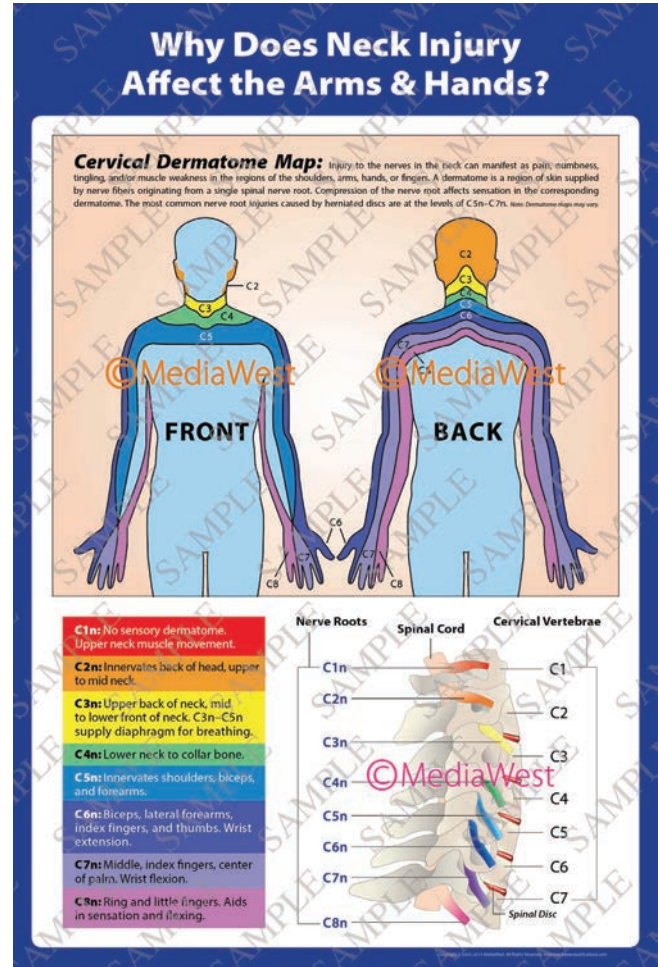
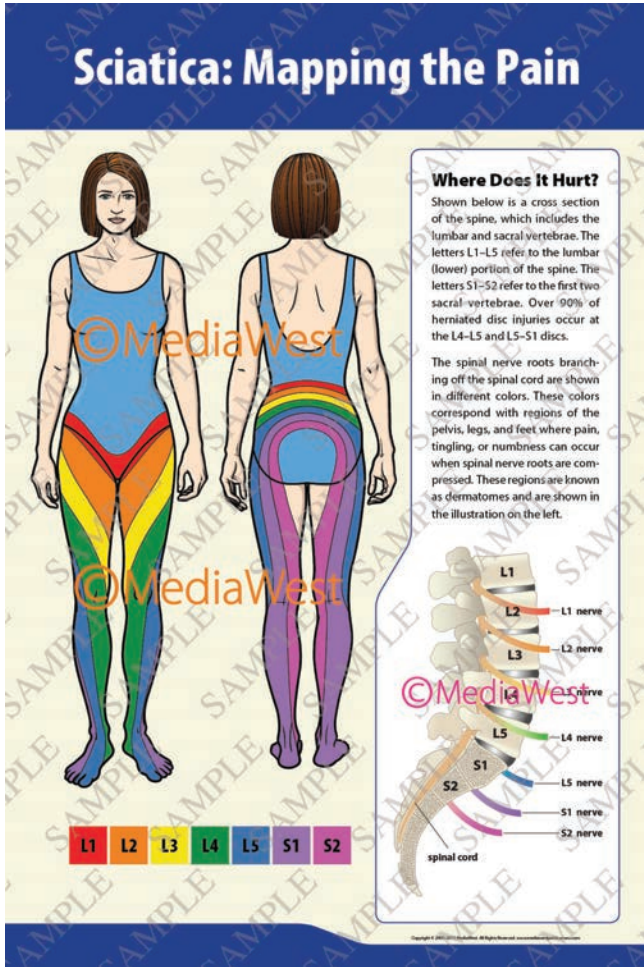
*Shipping from U.S. West Coast to your U.S. address. Depending on your location, shipping of **150 24-pages** with Ground FEDEX is approximately \$16 to \$38 (Media Mail \$25) per box. **500 4-page** Ground FEDEX is \$14 to \$27 (Media Mail \$16) (Priority Mail \$19). Shipping price subject to change.

Poster Order Form

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Sciatica Poster (24" x 36")

Cervical Dermatome Poster (24" x 36")



Fill in total order quantities below. You can mix and match the two posters in an order.

| Product Description | Sciatica Poster Quantity | Cervical Poster Quantity | Total Poster Quantity | Unit Price | Total Price |
|---------------------|--------------------------|--------------------------|-----------------------|------------|-------------|
| 1-3 Posters | | | | \$25 Each | |
| 4-7 Posters | | | | \$21 Each | |
| 8-11 Posters | | | | \$18 Each | |
| 12-15 Posters | | | | \$16 Each | |
| 16+ Posters | | | | \$15 Each | |

Subtotal

We are required to add sales tax to all orders from WA and WY.

Sales Tax

Shipping Charges*: # of Business Days – Ground FEDEX (1 – 5); USPS Priority Mail (2-3); USPS Media Mail (2-9).

Shipping

Please Note: ALL SALES ARE FINAL

Total

*Posters up to ten per tube: (Media Mail \$10) (Priority Mail \$15). Prices subject to change.

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This space is for office use only.

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:

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: () _____ - _____