

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.

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: _____

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

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

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 BROCHURE IS AVAILABLE IN INCREMENTS OF 100 SHRINK-WRAPPED BROCHURES

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	

Media West Special Offers

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	
Combination Order Special (150 24-Pg & 500 4-Pg)		445.00	
10% Off First Order (applied to subtotal, before shipping)			
	Subtotal		
	* (FEDEX ground charges) — Shipping		
	Total		

*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: _____