

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.

Please check one option:

Lumbar Only

Lumbar with Cervical

Product Description	Total Price <i>(Please Check All that Apply)</i>
3-Month Pre-Paid Subscription	\$105 <i>(works out to be \$35 per month)</i> <input type="checkbox"/>
6-Month Pre-Paid Subscription	\$192 <i>(works out to be \$32 per month)</i> <input type="checkbox"/>
12-Month Pre-Paid Subscription	\$348 <i>(works out to be \$29 per month)</i> <input type="checkbox"/>
Design and Setup	\$99 <i>(one time charge)</i> <input type="checkbox"/>
Total:	

* 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. Additional design fees may apply if special customizations are requested. Call for details.

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

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: _____

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.

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 509 N Sullivan Road, Ste. C-511 Veradale, WA 99037 (702) 948-0633 Business (702) 446-8397 Fax eMail: Orders@MediaWestPublications.com	End User Client: _____ _____ _____ Tel: _____ Fax: _____ eMail: _____
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This agreement is between MediaWest, 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 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.
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- 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, and the United States of America.

Media West - Publisher

By: _____
Signature Title

By: _____
Print Name Date

End User Client

Name of Company/Clinic

By: _____
Signature Title

Print Name Date