

# 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
<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>Subtotal</b>	
Shipping Charges*: # of Business Days – Ground FEDEX (1 – 5); USPS Priority Mail (2-3); USPS Media Mail (2-9).		<b>Shipping</b>	
<b>Please Note: ALL SALES ARE FINAL</b>		<b>Total</b>	

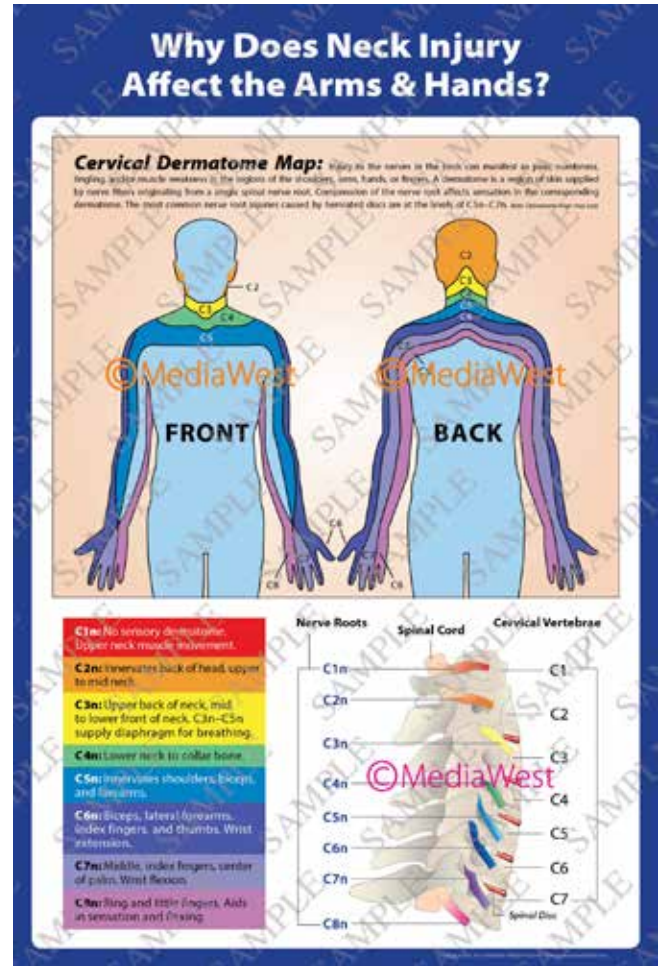
\*Shipping from U.S. West Coast to your U.S. address. Depending on your location, shipping of **150 24-pages** with Ground FEDEX is approximately \$20 to \$45 (Media Mail \$26) per box. **500 4-page** Ground FEDEX is \$15 to \$30 (Media Mail \$17) (Priority Mail \$18). Shipping price subject to change.

## 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	
				<b>Subtotal</b>	
Number of Business Days – Ground FEDEX (1 – 5); USPS Priority Mail (2-3) Shipping Charges: up to ten poster per tube: \$15 for FedEx Ground or Priority Mail. Prices subject to change.				<b>Shipping</b>	
				<b>Total</b>	

**Please Note: ALL SALES ARE FINAL**

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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: (        ) \_\_\_\_\_ - \_\_\_\_\_