

Phone: 702-948-0633 • Toll Free: 877-968-8631 • Fax: 702-446-8397 orders@mediawestpublications.com • *Call or email for hard sample!* 

### **Custom Order Form: 24-Page DCOA NSSD Booklet**

- This order form is for a 24-page 8.5"x11" magazine-style booklet on Non-Surgical Spinal Decompression (NSSD).
- Payment is due within 48 hours of going to press. We will notify you of this date.
- Booklets ship ~3 weeks after files are uploaded for printing. Booklets come shrink-wrapped in 25-count bundles.

STEP 1: Check one	Lumbar + Cervical	Lumbar Only*
*Due to low demand i	for <u>Lumbar Only</u> DCOA brochures, order	minimum is 2500 as an isolated print run. See page 2 for details.
STEP 2: Choose you	ur customization package. Ple	ase check one.
		ter's plate change fees and graphic design fees for visual examples of customizations
	more cost-effective. Call or em	ons #1–3, we print multiple custom orders together nail to find out when we are going to press with our
Black Ink Order m	inimum is 500	New Jobs: \$299 (Includes \$99 design fee)
Back cover only:		Reprints: \$200
•	o in black ink is placed in designate	•
Full-Color #1 ord	der minimum is 1000	New Jobs: \$474 (Includes \$99 design fee)
• Front cover: Choose fro	om five cover designs (shown on page	e 3 of order form). Reprints: \$375
	•	tor quote of your choice or B.) your contact info and logo.
•	and contact info in full color is place far right in the top dark blue section	ed in designated area on back page. You can replace n with your own.
Full-Color #2 ord	der minimum is 1000	New Jobs: \$574 (Includes \$199 design fee)
<ul> <li>Front and Back Cover</li> </ul>	'S	Reprints: \$375
• Doctor Quote on Pag	<b>e 4:</b> Replace with your own doctor p	ohoto and testimonial. Patient testimonials are left as is.
Full-Color #3 ord	der minimum is 1000	New Jobs: \$673 (Includes \$298 design fee)

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• All of Page 3: Replace with your own doctor and patient photos and quotes.

• Front and Back Covers

Reprints: \$375 \_\_\_\_\_



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**Isolated Print Run:** For Options #4 and 5. This option is ideal for doctors in need of larger quantities who don't want to wait for our next batch print run. Minimum order quantity is 2500.

### Full-Color #4 Order min: 2500 \$199 \_\_\_\_\_

- Front and Back Covers
- Doctor Quote on Page 4
- Yellow Quote Boxes on Pages 2 and 3: Replace with your own doctor and patient photos and quotes.

### Full-Color #5 Order min: 2500 \$249 \_\_\_

- Front and Back Covers
- All of Page 4
- Yellow Quote Boxes on Pages 2 and 3

What does the design fee cover? Our graphic designer will first look through the logo files and photos you have provided to ensure they are the appropriate resolution and file type. They will then adjust the layout to accommodate your custom logo, content info, photos, and testimonials. This may include applying edits to the photo in Adobe Photoshop or making edits/adjustments to your logo files when necessary. Our copywriter will look over your testimonial and may edit it for length and clarity when necessary.

### **STEP 3:** Fill out desired quantity below in increments of 25.

Product Description	Quantity	Unit Price	<b>Total Price</b>			
500+ 24-Page Custom Booklets Batch Print Run		2.50				
1000+ 24-Page Custom Booklets Batch Print Run 5% disco	unt	2.37				
1500+ 24-Page Custom Booklets Batch Print Run 10% disco	unt	2.25				
2000+ 24-Page Custom Booklets Batch Print Run 15% disco	unt	2.12				
2500+ 24-Page Custom Booklets Batch Print Run 20% disco	unt	2.00				
2500+ 24-Page Custom Booklets Isolated Print Run		2.50				
5000+ 24-Page Custom Booklets Isolated Print Run		2.25				
PLEASE NOTE: PRICES SUBJECT TO CHANGE						
Ask about our DCOA Member discount! (Applied to subtotal before shipping. Does not apply to customization package	cost.)					
Booklet Subtotal (Quantity x Unit Price)						
Customization Package Subtotal (From Page 1 or 2)						
SHIPPING WILL BE CALCULATED BY MEDIA WEST: 24-page booklets are sent via UPS Ground (1 to 6 business days). The cost will be what UPS Ground charges from the West Coast to your location. Cost is approximately \$100 per 500 24-page booklets, depending on your location. Shipping prices subject to change.						
Custom orders are non-cancellable. All sales are final. Tot						

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# STEP 4: Choose your front cover design. Please check one.

Note: Lumbar Only Covers will say "Do You Suffer from Chronic Low Back Pain?"

#1: Man w/Black Background

#2: Man w/Blue Background

Non-Surgical Spinal Decompression

Non-Surgical Spinal Decompression

Chronic Back Pain? Back Pain and Sciatica cause

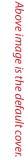
Bulging/Hernlated Disc

Now There's Hope for Lasting Relief with

Are You Suffering From

#2: Man in Black Shorts









Chronic Neck or Low B

Without the use of:

X Drugs

X Injections

X Surgery Facet Syndrome
 Failed Back Surgery



#6: Woman in Black Top





Without the use of X Drugs

Facet Syndrome
 Failed Back Surger

X Injections
X Surgery

Do You Suffer From Chronic

ow Back Pain?

Treat Back Pain and Sciatica caused by:

**Non-Surgical Spinal Decompression** 

Now There's Hope for Lasting Relief with



# What Can I Customize on the Front Cover?

need to be edited for length and clarity. changed to better suit the content within. Statements may Contact Info all in full-color. Dimensions of quote box may be Quote, Patient Photo and Statement, or simply Your Logo and Current doctor quote may be replaced with your Dr. Photo and

depending on cover. PLEASE NOTE: Size and shape of quote box varies slightly



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# **Back Cover Customizations:**

## For Full-Color Jobs:

This blank space may be filled with with your Full-Color contact info, logo, slogan, doctor and/or patient statement.

## For Black Ink Jobs:

This blank space may be filled with with black contact info, logo, slogan, etc.





## Some Street, Suite 101 | City, State, Zip Code Call Today: 000-000-0000 r visit us online at www.YourWebsiteHere.com

\*\*Channel have consultant part and a complete pour and a complete pour and the less in min wells makined it. What it moust be legal it it lived in these manyer and on the less in min well and into an exact, well and make a channel and appropriate the less in the less in

An this because a trans index seems are unappressionable; good control to the property is processed by the p



# S. A.

**Inside Page Customization Options:** 

— Quote from page 2 and 3 -

Available with Isolated Print Runs of 2500+







## Page 4: DCOA Doctor & Patient Quotes

# Available with orders of 1000+

Choose your own doctor quote and picture. You may keep the existing DCOA patients or put in 2–4 of your own patient statements. Quotes may be edited for length or clarity.

Call for pricing on quote changes for pages other than 2,3, and 4.

## **Checklist of Things We Need From You**

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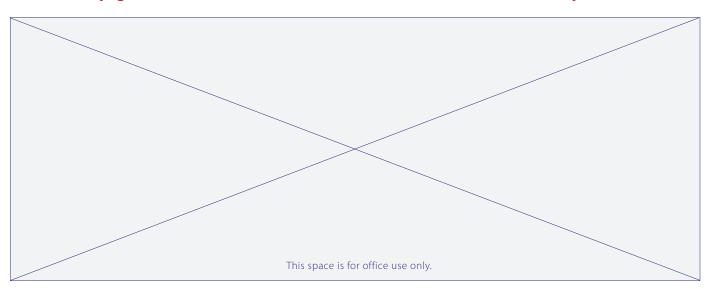
Please send logos and statements to orders@mediawestpublications.com

- 1.) High Resolution Logo: Logos must be at least 900 pixels wide (for a horizontal logo) or 900 pixels tall (for a vertical logo). Logos are accepted in the following formats: JPEG, TIFF, EPS, PDF, vector, or Illustrator vector. Logos pulled from the web are too small. If you do not have a print-quality logo, but like your current logo, we offer logo re-creations beginning at \$75 for quick and easy reproductions. We charge \$50 per hour after the first hour. We also create original logos: \$150 starting price for text-only logos, and \$300 starting-price for illustrated logos. Each logo design comes with 3 rounds of revisions. Additional revisions come at a charge of \$50 per hour.
- **2.) Statements and Photos:** If you'd like to use any of your doctor or patient statements and photos for the front cover, back cover, pages 2, 3, 4 for the 24-page booklet, please send the quotes and photos to orders@mediawestpublications.com. We encourage all doctors to obtain and keep on file signed release forms for all patient statements and photos.
- **3.) For Full-Color Customizations:** Please see page 3 and check which cover you'd like.
- 4.) Information to Be Used In Custom Booklet Space:

Clinic Name on Booklet:						
Doctor or other medical professional names, if any you would like listed:						
Clinic Address:						
City:	State:	Zip Code:				
Telephone: ( ) –	Fax: (	) –				
Second Clinic Address:						
City:	State:	Zip Code:				
Telephone: ( ) –	Fax: (	) –				
Clinic Website Address (If applicable):						
Company Slogan (If applicable):						
Signature Require  I, the undersigned, understand that this order is non-c						
Signature		Date				
Print Name and Professional Title						



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### **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?					
BILLING INFORMATION:  Please Check one:  Receive link to secure payment via email  Media West calls for credit card info					
Name on card:					
Contact Phone:					
Contact Email:					