

# Relief & Wellness News Order Form

Issue 1735 Fall 2008

## Practice Information:

Doctor's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Office Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

## Personalization: (Check all that apply)

Use:  Doctor's Name  Practice Name Design my Personalization Panel with the following enclosed items:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Testimonials  | <input type="checkbox"/> Supplied article | <input type="checkbox"/> Event announcement | <input type="checkbox"/> Staff changes         |
| <input type="checkbox"/> Map           | <input type="checkbox"/> Office hours     | <input type="checkbox"/> Photograph(s)      | <input type="checkbox"/> Birthday list         |
| <input type="checkbox"/> Practice logo | <input type="checkbox"/> Referral list    | <input type="checkbox"/> Special offer      | <input type="checkbox"/> Patient Media article |

## Postage: (Check one)

- Leave the postage indicia area blank. We will apply stamps.  
 Use indicia. Permit city: \_\_\_\_\_ Permit number: \_\_\_\_\_  
 First Class  Standard Presort (Bulk)

## Folding: (Fill in all quantities desired) **If no selection, all newsletters will be folded as Mailer with tab.**



◀ **Booklet**

Quantity

\_\_\_\_\_ 8½" x 5½" **Mailer with tab** (Standard, 2 folds, mails with a first-class stamp)

\_\_\_\_\_ 8½" x 5½" **Mailer no tab** (Standard, 2 folds, mails with a first-class stamp)

Please include \_\_\_\_\_ loose tabs with my order (I will apply by hand)



▲ **Mailer**

\_\_\_\_\_ 8½" x 11" **Booklet no tab** (1 fold. Use for your front desk display)

## Delivery: (Check one)

- Ship all newsletters to our office address above  
 Ship all newsletters to the mailing facility named below  
 Ship \_\_\_\_\_ newsletters to our local mailing facility and the balance to our office

Attention: \_\_\_\_\_ Mailing Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



## Quantity: Minimum order 200 pieces. (Includes folding and tabbing per U.S. Postal regulations.)

(200 – 999) copies to be printed: \_\_\_\_\_ X \$0.45 each = \$ \_\_\_\_\_

or

(1000 or more) copies to be printed: \_\_\_\_\_ X \$0.39 each = \$ \_\_\_\_\_

## Shipping: Allow an additional 3-4 days for printing

Total number of copies: \_\_\_\_\_ X \$0.07 each for UPS 3-Day shipping = \$ \_\_\_\_\_

Total number of copies: \_\_\_\_\_ X \$0.04 each for UPS Ground shipping = \$ \_\_\_\_\_

## Payment:

- Check enclosed No. \_\_\_\_\_  
 Visa/MasterCard  American Express

**\$65 Design and proofing fee = \$ 65/39**

**Total This Order = \$ \_\_\_\_\_**

\_\_\_\_\_/\_\_\_\_\_  
 Credit Card Number Exp Date

\_\_\_\_\_  
 Signature *I consent to receiving proofs or other notifications about Relief & Wellness News via my fax.*

I agree to order a minimum of 200 copies of the next four issues, in exchange, my Design Fee per issue will be reduced from \$65 to \$39.

\_\_\_\_\_  
 Signature

**Send this along with your Personalization Panel materials to:**

Patient Media, Inc. • 215 Sutton Lane, Colorado Springs, CO 80907 • Questions? Call (800) 486-2337

Fax your materials to: (800) 201-0185 • E-mail your materials to: newsletter@patientmedia.com

