

ChiroColumn Order Form

Newsletters

Practice Information:

Doctor's Name: _____ Office Name: _____
Office Address: _____ City: _____ State: _____ Zip: _____
Office Telephone: (____) _____ Office Fax: (____) _____
Email Address: _____ Website Address: _____

To Order Newsletters:

(Check all that apply)

- Use: **Standard two page newsletter:** *Includes two ChiroColumn articles of your choice and insertion of doctor's name, clinic name, address and phone number.*
- Custom:** *The following custom options are available at an additional cost. Call for details.*
- Birthday list
 - ChiroColumn articles
 - Event announcement
 - Map
 - Office hours
 - Photograph
 - Practice logo
 - Referral list
 - Special offer
 - Staff changes
 - Supplied article
 - Testimonials
 - Other

Shipping and Handling:

(Check one)

- Ship CD to our office address above (\$20)
 Free shipping on email orders

Payment:

Check one: Visa Mastercard

_____/_____
Credit Card Number Exp Date

Standard Newsletter Fee (\$119)	\$ _____
Custom Newsletter Fee	\$ _____
Shipping and Handling(\$20)	\$ _____
Total This Order	\$ _____

I consent to receiving proofs or other notifications about ChiroColumn via my fax.

Signature

TERMS AND CONDITIONS OF SALE

1. I will not resell any CHIROCOLUMN articles
2. I will use CHIROCOLUMN articles solely for my personal Chiropractic practice needs and will not make them available as an "open source" resource
3. I will not post or link to more than eight CHIROCOLUMN articles on my business or personal web site each month

Signature: _____ Date: _____

Fax your order to (888) 564-4113
Questions? Email us at chirocolumn@telus.net
Or Phone (888) 707-5656