

Get ORTHO Cases

Practice Marketing System

Quarterly Recall Newsletters

- 4-page, full-color customized newsletter on 80# gloss text.
- Start size—11 x 17, folded 2 times to a final size of 5.5 x 8.5.
- Includes access to GetOrthoCases newsletter article archives.
- Minimum print quantity of 500.
- Mail quantity—200 to 500. (Balance shipped to office for internal marketing and distribution to referring dentists.)
- Cost per quarter \$1,349.

Client provides list of Practice Recall Patients to GetOrthoCases each quarter, for mailing purposes.

To order the GetOrthoCases Recall Newsletter for your practice, fax the order form below to 610.326.7272 TODAY.

One of our marketing consultants will call you to begin the design process.

Or, simply call 1.888.657.2762

Get ORTHO Cases

395 Circle of Progress, Pottstown, PA 19464
Toll Free 1.888.657.2762 • Fax 610.326.7272
email: sales@getorthocases.com

I would like GetOrthoCases to design 4 quarterly Recall Newsletters for my practice over the next 12 months.

4 quarterly newsletters of 500 each on 80# gloss text @ \$1,349/quarter

Contact Info

Name _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
Email _____
Job Name/Headline _____

Payment Options

Check (# _____) Credit Card Visa MC AMEX Discover

Amount to be Charged _____

Credit Card # _____

Credit Card Exp. _____

CVV2 Code

(CVV2 Code is the 3-digit verification number from the back of card)

Credit Card Billing Address _____

Name on Credit Card _____

Payment Terms

\$1,349 deposit and 3 equal installment payment dates to be determined when your mailing schedule is finalized.

Authorization

No cancellations accepted after customer approval. All advertising is subject to Get Ortho Cases approval. Advertiser assumes responsibility and liability for content and subject matter and releases Get Ortho Cases from any suits or claims that result.

I agree to the quoted rate for the project listed above. If paying by credit card, I authorize payment charged to the credit card listed on this form. By signing, I agree to all terms, conditions and payment method stated on website and price sheet.

Signature: _____ Date: _____

*Signature must be same as name printed on credit card or an authorized user of same card. Order to be processed upon signed confirmation.