

MJD E-Newsletters work!

How do I know my MJD E-Newsletter works?

Within 3 to 5 business days of distributing your E-Newsletter, MJD will provide you with your results including: the number of E-Newsletters sent; the number that were opened; and most importantly, how many readers clicked through to your website.

Can I get printed copies of my E-Newsletter for mailing or use in the office?

Yes! MJD can easily convert your E-Newsletter to a full-color printed newsletter to distribute to patients in your office. We can also mail it to patients in your database that do not have e-mail addresses. See our MJD Newsletter Order Form for pricing.

Can I post my MJD E-Newsletter on my website?

Yes. MJD can provide a link to your E-Newsletter for your website.

Can I send my E-Newsletter to a mailing list that I purchased?

MJD can only send E-Newsletters to your patient *Opt-In* mailing list.

How often should I send E-Newsletters?

For the best results, we recommend that you send them every month. However, the choice is yours. Your credit card below will be billed each time we send your E-Newsletter for you. You may stop sending E-Newsletters at any time.

How do I get started?

Fax this signed order form to MJD. A representative from MJD will set up a phone interview to discuss your goals; suggest three topics for your E-Newsletter; and request your e-mail list (in digital format.) We will send you a proof for your approval within 10 business days. Once approved, you're done. We send it. *It's that simple!*

Get started today. It's easy!

TERMS: All orders prepaid. AMX, Visa, MC.

E-Newsletter Fees:

\$500.00 Up to 2,500 E-mails
 \$750.00 2,501 to 5,000 E-mails
 \$950.00 5,001 to 10,000 E-mails
 \$1,150.00 10,001 to 15,000 E-mails
 \$1,350.00 15,001 to 20,000 E-mails

Archive Fee:

One Year @ \$100.00 each.

E-Newsletter Fee = \$ _____

One Year Archive Fee = \$ **100.00**

Maryland Offices: Please add 6% Sales Tax = \$ _____

TOTAL COST = \$ _____

By my signature below, I acknowledge that all MJD Patient Communications product content is copyrighted. Unauthorized use includes, but is not limited to photocopying, digital dissemination and internet use. I hereby agree that any violation of this Agreement will constitute willful infringement and subject any doctor and/or company on whose behalf I am acting, to the remedies under 17 U.S.C. §504(c)(2) and §505 and that the U.S. District Court for the District of Maryland shall have proper venue and jurisdiction over such action.

Name: _____ Practice: _____ Specialty: _____

Address: _____ Website: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Check Enclosed: _____

Credit Card #: _____ Exp. Date: _____ Use this card for future orders: Yes No

Name on Credit Card: _____

Cardholder Signature: _____ Date: _____