

# Order Form

## MJD Postcards, Posters & Statement Stuffers

The Patient-Friendly™ Company

MJD Patient Communications • 4915 St. Elmo Avenue, Suite 306 • Bethesda • Maryland • 20814

Toll-free 800-326-4869 • Phone 301-657-8010 • Fax 301-657-8023

### ORDER HERE

Poster 11" x 16.5"	Large PC 6" x 9"	Sm. PC 4" x 6"	*NEW ITEM Statement Stuffer 3-1/2" x 7"
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Photo: P-#	Color: C-#	Tag Line: TL-#	Item: Poster; Lg. PC; Sm. PC; Stuffer	Quantity	Price	Total	
Item 1							
Item 2							
Item 3							
Item 4							
Write your own tag line here: (Max. 30 spaces)	Item 1						
	Item 2						
	Item 3						
Mailing Service				Item	QTY	Price	Total
Lg. PC mailed bulk rate @ \$0.52 ea. Sm. PC mailed first class @ \$0.52 ea. Includes sorting, printing and affixing labels, shipping and postage.						\$0.52	
						\$0.52	

### Postcard/Statement Stuffer Prices:

Quantity:	Sm. PC:	Lg. PC:	Stuffers:
1,000	\$375.00	\$675.00	\$395.00
2,000	\$475.00	\$875.00	\$495.00
5,000	\$895.00	\$1,375.00	\$695.00
10,000	\$1,375.00	\$1,995.00	\$995.00

### Statement Stuffers:

- Full color front and back
- No additional mailing costs
- Every piece of mail becomes a practice builder

### Posters:

1-4 Posters \$200 each  
5 + Posters \$100 each

Mounted on 1/4-inch gatorboard with an easel back.

SUBTOTAL \$ \_\_\_\_\_

If not mailed by MJD: Add Shipping & Handling \$ \_\_\_\_\_  
(8% Regular UPS Ground, 13% 2nd Day Air, 22% Overnight, 23% plus International)

Maryland Offices: Please add 6% Sales Tax \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

### TERMS:

All orders are *prepaid*: AMX, Visa, MC, or by check.  
No refunds on custom postcards, posters, stuffers or mailing services.  
No order will print without a signed proof.  
No changes will be made once order has gone to production.  
This order form *must be signed* to process your order.

Name: \_\_\_\_\_ Practice: \_\_\_\_\_ Specialty: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Check Enclosed? \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Use this card for future orders? Yes No

Name on Credit Card: \_\_\_\_\_ Authorization Signature: **X** \_\_\_\_\_