

AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE

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www.medicalacupuncture.org

PATIENT INFORMATION BROCHURE ORDER FORM

"Doctor, What's This Acupuncture All About?"

(Please Type or Print Legibly)

SHIPPING INFORMATION

Name _____

Address _____ (No PO Boxes)

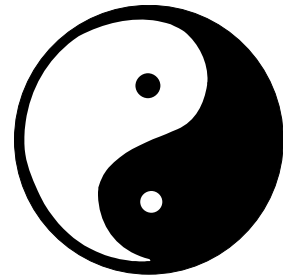
City _____ State _____ Zip Code _____

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PRICE SCHEDULE

For orders of 601 copies or more \$0.27 each
For orders of 401–600 copies \$0.30 each
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*Minimum
order of
100 brochures
required*



ORDERING INFORMATION

NOTE: The brochures are available in English and in Spanish.
Unless otherwise indicated below, the English version will be shipped.

Please send _____ Patient Information Brochures (English)

Please send _____ Patient Information Brochures (Spanish)

_____ Total number of brochures ordered at _____ each

Total cost of brochures \$ _____

Add postage and handling charge
(Required for all orders) \$ 5.50

TOTAL ENCLOSED \$ _____

____Please check for residential delivery

CHECK OR CREDIT CARD NUMBER MUST ACCOMPANY ORDER

Please charge my /____/Visa or /____/MasterCard in the amount of \$ _____

Account Number _____ Exp. Date _____

Name on Credit Card: _____ Signature: _____

Please allow 2–4 weeks for delivery. Shipments will be by UPS. If expedited shipment is required, please include an additional \$30 for Federal Express.

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7/08