

Chiropractically Speaking Full Service Newsletter

Contact Name: _____ Order # (if applicable) _____

Contact Phone: _____ Contact Fax: _____

1. Practice Information:

Doctor's Name: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Email: _____ Website: _____

Clinic Hours: _____

Do you accept walk-inpatients: _____ Do you take same day appointments? _____

2. Personalized Panel A

I would like you to personalize the Back Talk Systems supplied-article and photo in this space. We would like to include the following Doctors name in the article _____

I would like to write my own article and am supplying editorial as a text file via email. (see "How to Supply Files")

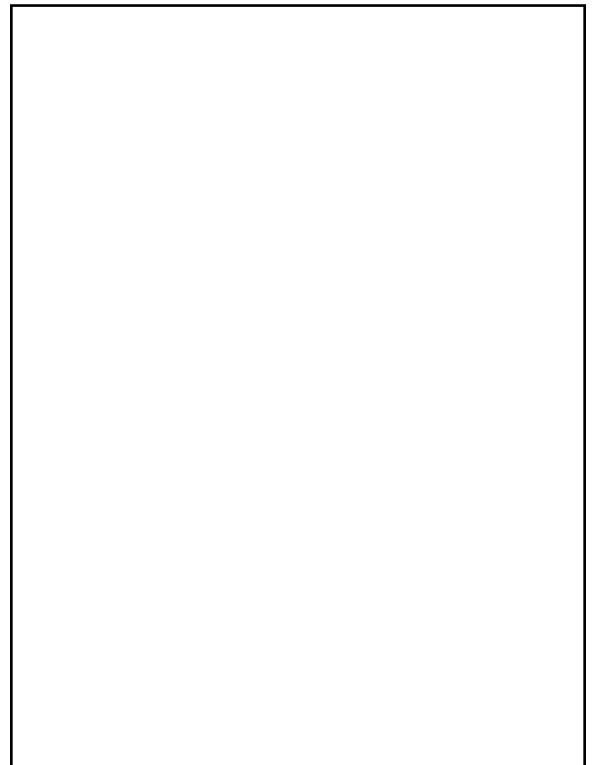
3. Personalized Panel B Check and supply all items below: (see "How to Supply Files")

Please don't supply more than we can fit in the space shown to the right.

- Clinic Logo*
- Doctor Photo
- Office Hours
- Event announcement
- Special offer
- Staff changes
- Contact information

If using an expiration date for any offers made on your customized newsletter, we suggest you make it 60 days following your mail date

**Personalized Panel B size
3" wide x 4" high**



4. Personalized Mailing Panel

This is the first panel your patients and prospects usually read so we'd like to make it informative. We will add your return address as well as the following items when supplied.

- Clinic Logo* Location Map†

**Clinic logos must be supplied as 300dpi jpeg, tif, pdf, eps files. Do not supply logos in Microsoft documents. Logos that are not clean or clear enough to print will need to be resupplied or recreated. Call for pricing.*

†Location Map must be supplied as 300dpi jpeg, tif, pdf, eps files. Do not supply maps in Microsoft documents. Maps can be recreated for an additional fee. Please supply basic line art to receive pricing.

5. Delivery/Mailing Directions

I would like my newsletter order delivered as follows:

- Please send _____ newsletters to the names on my mailing list as provided.¹
 Please send _____ newsletters back to the clinic, unaddressed, for our use.

¹Mailing lists must be provided in digital form exported as a tab-delimited, comma-delimited or excel worksheet file. Please know how many names you have provided.

**PLEASE FAX THIS FORM TO US UPON COMPLETION AND EMAIL NECESSARY FILES.
FAX: 800-696-1165**

How to supply files:

You may email or mail the items we need to complete your newsletter. Please read the instructions above carefully and email items as attachments to **ZachP@BackTalkSystems.com** or mail your items on a CD to

**Back Talk Systems, Inc.
Attn: Zach Pomeroy
231 Violet Street, Suite 140
Golden, CO 80401**

**800-937-3113 phone
800-696-1165 fax**