

# ORDERING INFORMATION

## IT'S EASY TO ORDER!

- PHONE** 402.827.3590 (8am-5pm CST, Mon-Fri)  
**FAX** 402.827.3594 (24 hours, 7 days a week)  
**WEB** [www.welcoa.org/store](http://www.welcoa.org/store)  
**MAIL** **WELCOA**  
 9802 Nicholas Street, Suite 315  
 Omaha, NE 68114

### INVOICING

- Orders above 100 can be billed monthly or annually. Terms are net 30 days.
- Shipping and handling fees will apply.
- 45 days written notice is required for any changes or cancellations.

### SHIPPING OPTIONS

- Direct shipment.
- Home mailing (200 minimum). Call for details.

### PERSONALIZATION OPTIONS

Check all that apply. Must order a minimum of 100 Healthletters. A one-time \$99 personalization set-up fee is billed to the first invoice.

#### Personalized cover and back page masthead

(Please choose one of the following options)

- 1-color masthead (eg. black only) \$99/per issue
- 1-color masthead - other than black (eg. red only) \$139/per issue
- 2-color masthead (eg. black + red) \$186/per issue
- Full-color masthead (eg. black + red + blue) \$595/per issue
- Front page left column** \$139/per issue  
Up to 150 words.
- Back page left column** \$149/per issue  
Up to 400 words.
- Customization** Quote  
Simply call our CUSTOM hotline at 402.827.3590 and our dedicated production team will provide you with a personalized quote.

### SOME OF THE COMPANY WE KEEP

#### Healthcare Systems

- ★ Southern Illinois Healthcare
- ★ West Virginia University Hospitals

#### Financial and Insurance Services

- ★ American Century
- ★ Northwestern Mutual

#### Industrial and Manufacturing

- ★ Crown Equipment Corporation
- ★ Smurfit-Stone Container Corporation

#### School and Universities

- ★ Pinellas County Schools
- ★ Blue Earth Schools

#### Government Entities

- ★ Minnesota Department of Transportation
- ★ City of Mesquite

Your Preferred Client ID is: ESTORE

**YES!**

I want *The Well Workplace* Healthletter for my employees for only 29¢ per copy.

**Quantity:** \_\_\_\_\_  
 Minimum quantity of 10

#### Number of Times per Year: (CHECK ONE)

12/year  6/year  4/year  Other \_\_\_\_\_

Starting Month: \_\_\_\_\_

#### Shipping: (CHECK ONE)

Qty. of 10-249 = \$7.50  Qty. of 250+ = 4¢ per Healthletter

#### Billing: (CHECK ONE)

Annually (All orders under 100 automatically billed annually)

Per Issue (Available for all orders over 100)

All orders totaling \$100 or less must include a credit card number or purchase order number.

Purchase Order # \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_

Signature \_\_\_\_\_ Exp. \_\_\_\_\_

**TEST DRIVE!**

Send me 100 copies of *The Well Workplace* Healthletter to give to my employees for only 29¢ per copy plus shipping and handling. My credit card or purchase order number is included.

### CONTACT INFO:

COMPANY NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### SHIP TO: (IF DIFFERENT THAN ABOVE)

COMPANY NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### BILL TO: (IF DIFFERENT THAN ABOVE)

COMPANY NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

