





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
-  **MAIL** **WELCOA**
17002 Marcy Street, Ste. 140
Omaha, NE 68118

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** \$149/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
- ★ Simi Valley Hospital

Financial and Insurance Services

- ★ Gateway Financial
- ★ 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

Offer Expires:

YES!

I want the Spark16 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 of \$100 or less require a credit card or payment by check in advance.

Purchase Order # _____

Credit Card: Visa MasterCard American Express

Credit Card # _____

Signature _____ Exp. _____

TEST DRIVE!

Send me 100 copies of the Spark16 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 _____

