

# Oral Health for Diabetics Order Form

Ordering Instructions: Complete Parts 1-5, add sub-totals, and fill out credit card information.

Fax order to 509-735-9446 or for phone orders call 509-735-9444.

## Part One (NOTE: Skip to Step Three if you are re-ordering booklets)

For a limited time receive FREE Set-Up/Customization for your Oral Health for Diabetics booklets

ITEM	Cost	Extension
Personal "Oral Health for Diabetics" Web Site	\$795	
Personal "Save A Life Today" Web Site with Health Reports	\$205	
Use License	\$295	
Set-Up / Customization (Booklets)	\$200 FREE*	
Training Manual	Included	
100 "Oral Health for Diabetics" Booklets	FREE	
100 "Save A life Today" Booklets	FREE	
Special Discount Pricing	Included	
<b>Step One: Sub-Total</b>	<b>\$1,495 \$1295</b>	

\* Introductory offer

## Part Two – Annual Web Site Subscriptions\*\* (Choose One: A or B)

A)- Prepaid Monthly by Credit Card (1 <sup>st</sup> month of 12 month subscription)	\$49	
B)- Prepaid Annually by Credit Card (Two months FREE)	\$490	
<b>Step Two: Sub-Total</b>		

\*\* Subscription/Billing period begins 2nd full month following purchase & sign up. (This allows time for creation and publishing)

## Part Three – Oral Health for Diabetics Booklets

Choose the quantity of <i>Oral Health for Diabetics</i> booklets to be printed.  NOTE: B&W and Color options refer to cover page.	# Books	Qty	Choose One from Green or Blue column		Extension
			Cost		
			B&W	Color	
	1-100	X	.27¢	.37¢	
	101-250	X	.24¢	.34¢	
	251-500	X	.21¢	.31¢	
	501-1000	X	.18¢	.28¢	
	1001+	X	.15¢	.25¢	
<b>Step Three: Sub-Total</b>					
<b>(Note: Shipping cost will be charged at time of shipping. Washington State residents will be charged sales tax )</b>					<b>TOTAL</b>

**Part Four – Save A Life Today Booklets**

Choose the quantity of *Save A Life Today* booklets to be printed.

NOTE: B&W and Color options refer to cover page.

	# Books	Qty	Choose One from Green or Blue column		Extension
			Cost		
			B&W	Color	
	1-100	X	.27¢	.37¢	
	101-250	X	.24¢	.34¢	
	251-500	X	.21¢	.31¢	
	501-1000	X	.18¢	.28¢	
	1001+	X	.15¢	.25¢	

**Step Four: Sub-Total**

**(Note: Shipping cost will be charged at time of shipping. Washington State residents will be charged sales tax ) TOTAL**

**Part Five – Credit Card Information**

Visa  
  MasterCard  
  Amex  
  Discover

**Contact Information:**

Name on Card: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Acct Number: \_\_\_\_\_

Dr. Email: \_\_\_\_\_

Expiration: \_\_\_\_\_ CV Security Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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