

Facial Plastic Surgery Today
■ **Subscription Form** ■

Expertly designed and simply written, the award-winning quarterly newsletter is a great way to reach prospective patients, community members, referring physicians, aestheticians, hair stylists, and others who help men and women make the most of their appearance. And, best of all, FPST can be personalized to fit your needs, whether you practice in the United States or Canada.

Three options available:

Option 1*: Personalized, four-color, imprinted with your logo and return address, shipped to you in large quantities.

Option 2: One, camera-ready, black and white copy for you to modify and print as you please.

Option 3: non-personalized, four-color, shipped to you in large quantities.

**Most popular option of over 75 subscribers.*

For this quarter issue	Delivery Date	Deadline for Receipt of order
Winter/First Quarter	January	November 15
Spring/Second Quarter	April	February 15
Summer/Third Quarter	July	May 15
Fall/Fourth Quarter	October	August 15

Please send me the next issue of FPST. *Check which option you would like to receive.*

*Option 1 - personalized, 4-color version Option 3 - non-personalized, 4-color version

(For options 1 or 3, please circle appropriate quantity and price.)

Option 1		
Quantity	Price	Annual
100	\$130	\$468
200	\$220	\$792
500	\$350	\$1,260
1,000	\$630	\$2,268
1,500	\$810	\$2,916
2,000	\$970	\$3,492
additional 500	\$194 (multiply by 4 less 10%)	

Option 3		
Quantity	Price	Annual
100	\$ 91	\$328
200	\$154	\$555
500	\$245	\$882
1,000	\$441	\$1,588
1,500	\$567	\$2,042
2,000	\$679	\$2,445
addtl. 500	\$136 (multiply by 4 less 10%)	

**Option 1 subscribers, complete the back of this form for personalization of your newsletters.*

Option 2 - one, camera-ready, black and white copy that allows you to do your own customization by using your own photos, quotes, and even articles - \$140 (You may request for a diskette of the file and photos for additional fee of \$60.)

Non-members, add 20% to the above prices.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Check enclosed for \$ _____

Charge Card: Visa American Express MasterCard Carte Blanche Diners Club

Card # _____ Exp. _____

Print Name on Card _____ Signature _____

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Personalization Form – For Option 1 Subscribers only

If you order option 1 (personalized, 4-color version), we will personalize your newsletters in four places, and we need the following information before we can fill your order.

1) On page one, directly below the name of the newsletter, we will imprint your name or your practice name as you indicate in the space provided:

- "A newsletter for the patients of ..." "A newsletter from the office of ..."

2) You also have the option to receive the newsletters flat or folded. Check appropriate format:
Deliver my newsletters FLAT (8-1/2 x 11) FOLDED (#10 size envelope)

3) On page four, as the return address, we will set five lines as you direct here:
Line 1 - Your name (include appropriate suffix, i.e. MD, FACS)

Line 2 - Telephone

Line 3 - Practice Name (optional)

Lines 4 and 5 - Street address, city, state, and zip code

4) On page four, if you want your logo to appear directly under your address, check here _____ that you have enclosed a camera-ready, black and white art that is no larger than this box. (You may e-mail or send us a tiff, jpeg, or pcx file.)

5) If your newsletters should be sent to an address other than that indicated above, please note shipping address:
