

SheelySystems

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Newsletter Offer and Order Form



YOU RECEIVE EXCLUSIVITY FOR YOUR ZIP CODE AND PROMPT, CONVENIENT, MONTHLY DELIVERY OF YOUR CUSTOMIZED NEWSLETTER RIGHT TO YOUR E-MAIL ADDRESS:

***Monthly newsletters will be received customized and ready to print by the 10th of the month preceding the newsletter's issue date by e-mail each month (add'l \$35 charge applies if received on disc by mail).

***Zip code lock out for 1 year for 1 zip code with purchase, additional zip codes may be purchased for an additional \$100 each. (So no other doctor within your zip code may purchase the newsletter during the time you are subscribed to it.)

*** Deadline for clinic information for merging is 10 days prior to receipt of your first issue.

The current price for the newsletter is locked in at \$900 (guaranteed) for the next 3 months.

You may mail, fax, or call in your order. SheelySystems is proud to offer this great opportunity to take advantage of a customized, 12-month Patient/Local Resident Newsletter Subscription.

This newsletter is informative and interesting to both patients and prospective patients. It's a great way to keep in touch with your patient base and also a way to introduce yourself to your community as the healthcare expert that you are.

The newsletter is completely filled with information and graphics to spark and keep your reader's attention. We will personalize it so that it appears to have come from you, directly. (See the SAMPLE, and note on the Customization Sheet all the areas circled in red...these areas will come customized with your information.) There is a section to include special announcements from your office and also a section "From the Doctor's Desk" where you may include a short, personal note. Your new patients will feel that they know you before they've even met you.

Also, there is a contest of the month which gets readers calling your office.

We have found this to be a terrific patient generation vessel and are proud to be able to share this success with you.

Make your choice of purchase below and pay today for a great patient generation opportunity or look it over and mail, fax, or phone your order in so that you don't miss an issue.

Send my newsletters to:

E-mail: _____

Purchaser information:

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Phone: _____ Fax: _____

____ I would like to purchase the SheelySystem Health Update newsletter on or before for a total purchase price of \$900 (\$75/mth for 12 issues). I am paying \$900 today by:

____ Check ____ Charge

Charge Information:

Account Number: _____ Exp _____

Signature: _____

For fastest service and to get your subscription started as soon as possible, fax this completed form to **513-988-9220**.