



# The McKenzie Institute® USA CONSUMER BROCHURE ORDER FORM

Name of Certified McKenzie Provider: \_\_\_\_\_

### Imprinted Brochures

	Quantity	Price*	
		Member	Non-Member
<input type="checkbox"/>	100	\$140	\$190
<input type="checkbox"/>	250	\$170	\$220
<input type="checkbox"/>	500	\$250	\$300
<input type="checkbox"/>	1000	\$300	\$400

### Non-Imprinted Brochures

	Quantity	Price*	
		Member	Non-Member
<input type="checkbox"/>	100	\$40	\$80
<input type="checkbox"/>	250	\$60	\$100
<input type="checkbox"/>	500	\$90	\$130
<input type="checkbox"/>	1000	\$150	\$200

\*Pricing includes shipping via UPS ground service within the continental United States. Additional charges will apply for Alaska, Hawaii, Puerto Rico and any other orders outside the US or if expedited shipping is requested.

**To be imprinted\*\*:** (please type or print clearly)

Pricing includes black/white imprinting and shipping via UPS ground service. Full color imprinting is available for an additional charge.

You will be emailed a proof of your brochure for approval prior to printing.

If you would like your imprint to include a company logo, please email a print quality logo in .jpg format to: [marissa@mckenzieinstituteusa.org](mailto:marissa@mckenzieinstituteusa.org)

A proof will be emailed to you within five (5) business days of being received. Brochures will be imprinted and mailed within two (2) weeks of your approval.

Please provide email to send proof: \_\_\_\_\_

### SHIP TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### PAYMENT INFO:

- Check payable to: The McKenzie Institute
- VISA                       Personal card
- MasterCard               Company card
- Discover
- Amex

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV#: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

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

### Email, Fax or Mail this form with payment to:

The McKenzie Institute® USA  
432 N Franklin St, Ste 40  
Syracuse, NY 13204-1559

**Fax: (315) 471-7636**

#### For Office Use Only

Date Paid: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Student #: \_\_\_\_\_

Confirm #: \_\_\_\_\_ Check #: \_\_\_\_\_ CE \_\_\_\_\_ Dip \_\_\_\_\_

Admin Request