

Please print the Subscription Request form below, complete and fax form to 704-973-0061

## SUBSCRIPTION REQUEST FORM

**MEDICINE & YOU**  
**Post Office Box 79273**  
**Charlotte, NC 28271**

**FAX: 704-973-0061**  
[drwaynesmith@medandyou.com](mailto:drwaynesmith@medandyou.com)  
[www.medandyou.com](http://www.medandyou.com)

**ORDERED BY:**

Company Name \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Title/Division: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**SHIP TO: (ONLY IF DIFFERENT)**

Company Name \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Title/Division: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**IMPORTANT: PLEASE -- WE MUST HAVE YOUR PHONE NUMBER TO PROCESS YOUR ORDER**

**YES! Please send --- I want to order "MEDICINE & YOU" at a rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_ weeks. We are to have exclusive rights in our area.**

Check payment Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_  
 (Shipping and handling free)  
 Bill my organization after 30 days.  
 Actual Start Date \_\_\_\_\_

Signature \_\_\_\_\_

**SHIPPING:** Please allow 2 weeks for normal delivery. Inquire for faster delivery.

**MONEY BACK GUARANTEE:** If for any reason you are not satisfied with *MEDICINE & YOU*, return the hard copy with invoice and contact us by e-mail within 30 days for a full refund.

**DELIVERY:** Each column is dated to appear during the appointed week. Dated columns contain material for use beginning the first week of December 2007. Each packet will be mailed to your company at least three weeks preceding the beginning of publication date. Offering our publication bi-weekly allows our staff to insert late breaking and seasonal information when necessary.

CIRCULATION	RATE/WEEK	RATE/WEEK*	NO. OF WEEKS	GRAND TOTAL
up to 5,000	\$10.00 /Week	_____ / Week for	2 Weeks =	\$ _____
5,000 to 10,000	\$11.00/ Week		4 Weeks =	\$ _____
10,000 to 15,000	\$12.00/ Week		6 Weeks =	\$ _____
15,000 to 25,000	\$14.00/ Week		8 Weeks =	\$ _____
25,000 to 50,000	\$15.00/ Week		___ Weeks=	\$ _____
50,000 to 100,000	\$16.00/ Week			
Over 100,000	Negotiable			
			Total Price	\$ _____
			Add 7.5% Sales Tax	\$ _____
			Grand Total	\$ _____

\* Rates/ Week are based on circulation of newspaper.  
 \*\*Magazine rates are negotiable for a circulation over 100,000

**PLEASE NOTE:** The worksheet above includes the modest charges for supplying your newspaper or magazine. The fee includes exclusive rights for your area as well as the cost of the copy itself. We will bill on a monthly basis in order to avoid your having to write individual checks each week, and to save on billing and administrative costs. These savings are passed along to you in the form of lower charges than those by most columnists.