



Coloring Book Order Form



1. Quantity Ordered:

___ 250 ___ 500 ___ 1000 ___ 1500 ___ 2000 ___ Other: _____

2. Title of Booklet: Growing Painless with _____

(OR create your own title): _____



Please complete this information **Exactly** as it should appear in book:

3. Practice Name: _____

Doctor's Name: _____

Add'l Dr's Name: _____

Add'l Dr's Name: _____

4. Office Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

2nd Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

5. Web Address/url: _____

6. Other book titles available from your practice:

Title: _____ Toll free # _____

Title: _____ Toll free # _____

7. Ship to:

Office _____ 2nd Office _____ Other _____

Set-up fee is \$195. Credit card will be charged set-up fee at time of order. Upon completion, credit card will be charged for full price of booklets plus shipping and handling.

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Top Practices accepts no responsibility for compliance to any local, state, or federal regulations regarding marketing by this profession, including HIPPA regulations, this responsibility lies solely with the client.

Credit Card: Credit Card on File? Yes No If not, Visa MC AMEX

Name on card: _____

Credit Card Number: _____ Exp. Date: _____

Billing address for credit card if different than office address:

Street Address: _____

City, State, Zip: _____

Fax this page to 717-625-0552