

Order Form

Circle Desired Quantity

(Note: please allow for the addition of shipping costs)

<u>Quantity</u>	<u>200</u>	<u>500</u>	<u>1,000</u>
C.E.A.C. Provider trifold	\$165	\$290	\$410
Customizable C.E.A.C. Provider trifold	\$245	\$370	\$475

*To customize the trifold with your company's information and logo on back panel, please email information and high-resolution logo to: amanda.vanous@vgm.com. A proof will be sent to you for approval before trifold goes to print.

Shipping Information:

Name _____

Phone number _____

e-mail address _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Payment in full is required when order is placed:

AMEX Visa MasterCard

Credit card number _____

Expiration date _____ CVV2/CVC2 code: _____

Cardholder name _____

Signature of cardholder _____



To place order, fax form to Amanda Vanous at 800-568-7039.