

Patient Education Brochures Order Form



Brochure Description	SVS Member Price Per Box (100)	Non-Member Price Per Box (100)	# Boxes	Total Cost
<i>Learn the Facts on Abdominal Aortic Aneurysm*</i>	\$45.00	\$60.00		
<i>Learn the Facts on Carotid Artery Disease*</i>	\$45.00	\$60.00		
<i>Learn the Facts on Peripheral Arterial Disease*</i>	\$45.00	\$60.00		
<i>Learn About AAA Screening Medicare Benefit*</i>	\$45.00	\$60.00		
# of Labels				
Individualize Patient Education Brochures Space is provided on each brochure under the "Learn more about your vascular health" section to affix a clear label with your contact information. You may also include the SVS member logo if you are an SVS member.	<input type="checkbox"/> Set-up fee: \$15.00			
	<input type="checkbox"/> 90 labels: \$6.00			
	<input type="checkbox"/> 150 labels: \$8.00			
	<input type="checkbox"/> 240 labels: \$10.00			
	<input type="checkbox"/> More than 240 labels: \$1.00 per 30 labels			
	<input type="checkbox"/> I am an SVS member and would like the SVS member logo printed on my labels.			
Subtotal				
**Shipping/Handling				
Total Amount Due				
*All orders receive 25 complimentary Learn About AAA Screening Medicare Benefit brochures.				
Bulk rate pricing: Bulk rates are available for orders of 3,000 or more brochures. Bulk rate fees are \$25 per box for SVS members or \$40 per box for non-members. If ordering 3,000 or more brochures, please total your order accordingly. If ordering labels please also be sure to include total number of labels.				
**Shipping and Handling Fees <input type="checkbox"/> U.S. Standard Shipping = \$15.00 for 1 box; \$5.00 for each additional box. <input type="checkbox"/> U.S. 2-day Shipping = \$20.00 for 1 box; \$10.00 for each additional box. <input type="checkbox"/> U.S. Overnight Shipping = \$25.00 for 1 box; \$15.00 for each additional box. <input type="checkbox"/> Outside U.S. Standard Shipping (7-14 days) = \$25.00 for 1 box; \$15.00 for each additional box.				

Name _____ (If SVS member, please include SVS Member's name in order to receive member price)
Contact Person (for order) _____ **Phone** _____

Email _____

Ship to

First Name _____ **Last Name** _____

Mailing Address _____

City/State/Zip _____

Country _____ **Phone** _____

For individualized label orders only

Please clearly print the exact information you want on your labels. You are limited to four lines of text on a 1" x 2 3/4" label.

Line 1: _____ Line 2: _____

Line 3: _____ Line 4: _____

Payment

Check made payable to the Society for Vascular Surgery (requires an additional 3-5 days for processing)

Mail check & order form to address below:

Society for Vascular Surgery
 38678 Eagle Way
 Chicago, IL 60678-1386

Questions?
 Please call 312-334-2300 or email
communications@vascularsociety.org

Pay by Fax (credit card orders only)
 312-334-2320

Visa MasterCard American Express

Name on Credit Card _____ **Cardholder Signature** _____

Credit Card Number _____ **Expiration Date** _____