

Spanish Patient Education Brochures Order Form



Brochure Description	SVS Member Price Per Box (100)	Non-Member Price Per Box (100)	# Boxes	Total Cost
<i>Infórmese sobre el aneurisma aórtico abdominal (AAA)</i>	\$60.00	\$75.00		
<i>Infórmese sobre la Enfermedad arterial periférica (PAD)</i>	\$60.00	\$75.00		
<i>Infórmese sobre la enfermedad de las arterias carótidas (CAD)</i>	\$60.00	\$75.00		
# of Labels				
Individualize Your Brochures Space is provided on each brochure 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: \$9.00			
	<input type="checkbox"/> 150 labels: \$15.00			
	<input type="checkbox"/> 240 labels: \$24.00			
	<input type="checkbox"/> More than 240 labels: \$3.00 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				
Illinois residents add 10.25% sales tax; Virginia residents add 5.0% sales tax Organizations that are exempt from sales tax must notify SVS before placing an order.				
Total Amount Due				
Bulk rate pricing: Bulk rates are available for orders of 3,000 or more brochures. Call 312-334-2300 for rates.				
*Shipping and Handling Fees <input type="checkbox"/> U.S. Standard Shipping = \$15.00 for 1 box; \$5.00 for each additional box. Ships within two weeks. <input type="checkbox"/> Outside U.S. Standard Shipping (7-14 days) = \$25.00 for 1 box; \$15.00 for each additional box. Overnight and Two-Day Shipping: Call 312-334-2300 for fees.				

SVS Member Name _____ (If SVS member, please include name in order to receive member price.)

Contact Person (for order) _____ Phone _____ Email _____

Ship to

First Name _____ Last Name _____

Company 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 (no credit cards) 38678 Eagle Way Chicago, IL 60678-1386	Pay by Fax (credit card orders only) 312-334-2320
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Questions?
 Please call 312-334-2300 or email
communications@vascularsociety.org

Visa MasterCard American Express

Name on Credit Card _____ Cardholder Signature _____

Credit Card Number _____ Expiration Date _____