

CUSTOMIZE IT!

Off The Shelf Marketing

from VGM

VGM Member Pricing (please allow for the addition of actual UPS/FedEx Ground shipping costs)

<u>Quantity</u>	<u>200</u>	<u>500</u>	<u>1,000</u>	<u>Quantity</u>
'Know Your Options' guide (cvr only)	NA	\$1,425	\$2,175	_____
'Know Your REHAB' options guide(cvr only)	NA	\$1,040	\$1,250	_____
'Stay in your HOME' guide (cvr only)	NA	\$1,400	\$2,150	_____
'Do You Snore?' Sleep Guide (full custom)	NA	\$1,586	\$1,740	_____
Eight-page mini-catalog	\$605	\$805	\$1,095	_____
12-page mini-catalog	\$620	\$925	\$1,210	_____
16-page mini-catalog	\$655	\$1,020	\$1,315	_____
20-page mini-catalog	\$855	\$1,195	\$1,525	_____
7 X 8 retail catalogs 8-page	\$625	\$852	\$1,195	_____
12-page	\$675	\$975	\$1,310	_____
16-page	\$725	\$1,190	\$1,420	_____
20-page	\$850	\$1,250	\$1,625	_____
Eight-page large-format catalog	\$655	\$1,025	\$1,315	_____
12-page large-format catalog	\$735	\$1,040	\$1,350	_____
16-page large-format catalog	\$890	\$1,325	\$1,542	_____
4 X 9 counter cards (one sided)	\$136	\$225	\$290	_____
4 X 9 counter cards (two-sided)	\$175	\$310	\$376	_____
Postcards (6 X 9)	\$250	\$380	\$575	_____
Retail Fliers (one sided)	\$215	\$325	\$495	_____
Know Your Mobility Options bifold	\$380	\$525	\$765	_____
Sleep and Oxygen quadfolds	\$375	\$525	\$635	_____
Custom trifold	\$385	\$540	\$655	_____
Respiratory leave behind bifold	\$325	\$470	\$550	_____
Medicare Quick Reference Guide	\$725	\$1360	\$1550	_____
Medicare Reference Guide for Sleep	\$495	\$720	\$925	_____
Medicare Guide for PMDs	\$350	\$625	\$975	_____
Medicare Physicians Guide to PMD	\$210	\$385	\$455	_____
Customized Pocket Folders	\$695	\$895	\$1055	_____

Don't see a product or quantity you're looking for? Call Mary 888.875.7707

Please ship to:

Person placing order _____

Phone number _____

e-mail address _____

VGM Group Member number _____

Company Name _____

Address _____

City _____ State _____ ZIP _____

Date of order _____

Payment in full is required when order is placed:

Visa MC AmEx

Credit card number _____

PO# _____

Expiration date _____ CW2/CVC2 code: _____

Cardholder name _____

Signature of cardholder _____