

AMERICAN BREAST CARE FALL 2010 PROMO INSERT REQUEST
PLEASE PRINT. THANKS!



Insert Quantity _____ Today's Date ____/____/____ Due Date* ____/____/____
Store Name _____ Contact Person _____
Phone () _____ Fax () _____ Email _____
Special Instructions _____

**Please allow 2 - 3 weeks for design and delivery of your inserts.*

ABC Account Number _____ **ABC Breast Care Specialist** _____

Preferred Method of Proofing Fax Email

_____ **Customers:** Brochures and custom invitations are designed and printed at no cost to you. Please initial here to acknowledge that you will be billed for the cost of freight to your location.

Please select a brochure to send along with your custom invitations. Check the brochure(s) of your choice. (Including more than one brochure may result in additional postage fees when you mail your invitations.)

- | | |
|--|--|
| <input type="checkbox"/> The Massage Form™ Fan Brochure (BRO1004) | <input type="checkbox"/> The Flowables Brochure (BRO1061) |
| <input type="checkbox"/> Black Bras Brochure (BRO1071) | <input type="checkbox"/> 507 Enhance Bra Card (CRD1101) |
| <input type="checkbox"/> Flowable Back Classic Asymmetric Card (CRD1081) | <input type="checkbox"/> Massage Form™ Shaper Card (CRD1091) |

CUSTOMIZATION

Promo Date(s) ____ / ____ / ____

Contact Information To Print on Invitation (check all that apply)

- Address Phone/ Fax Email _____
 Website _____ Hours _____
 Other _____

Sales, Giveaways or Other Promotions _____

Other Information _____