

# ASGE Patient Education Brochure Order Form



Educate your patients about endoscopic procedures

Special Quantity Pricing		
To receive quantity discount, at least 10 packages of the <u>same</u> brochure must be ordered.	ASGE Member Price	Non-Member Price
1-9 packages	\$10.00 each	\$20.00 each
10-19 packages	\$9.50 each	\$19.00 each
20 or more packages	\$8.75 each	\$17.50 each

Number of Packages (50 brochures per package)	
English	Spanish
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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### Colorectal Cancer Titles

- PEB01 - Understanding Colon Cancer Screening
- PEB05 - Understanding Colonoscopy
- PEB08 - Understanding Colon Polyps and Their Treatment

### Other Available Patient Education Brochure Titles

- PEB03 - Understanding Upper Endoscopy
- PEB14 - Ensuring the Safety of Your Endoscopic Procedure
- PEB20 - Understanding Barrett's Esophagus
- PEB21 - Understanding Gastroesophageal Reflux Disease

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total number of packages      Price per package (see chart above)      Total cost of brochures

**Shipping & Handling to US destinations**

Merchandise Total	Shipping & Handling
Under \$50	\$10.00
\$50.01 to \$100	\$15.00
\$100.01 to \$200	\$25.00
\$200.01 to \$300	\$30.00
\$300.01 to \$400	\$36.00
\$400.01 to \$500	\$40.00
Over \$500.00	7% of order

All orders are sent UPS ground (please allow 2-3 weeks for delivery). Shipping & handling to Alaska, Hawaii, Canada, and all international locations is available by credit card for \$5.00 plus standard UPS charges. Optional Next Day or Second Day Air is available to all destinations by credit card for \$5.00 plus standard UPS charges. UPS delivery restrictions apply to certain destinations.

### PLEASE COMPLETE ALL PAYMENT LINES BELOW

1. Subtotal \$ \_\_\_\_\_
2. Sales Tax \$ \_\_\_\_\_  
*(IL Residents only: add 7.75% on subtotal in line 1)*
3. Shipping & Handling \$ \_\_\_\_\_  
*(Obtain from chart at left)*
4. **Total Order Amount** \$ \_\_\_\_\_  
*(Total of lines 1, 2 & 3)*

Name of ASGE member (if applicable) \_\_\_\_\_

### Shipping information (please print clearly)

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address (No P.O. Box)  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Payment Information (Do not send cash)

Payment Enclosed (if sending by mail)

Charge my  
      Visa    MasterCard    Amer Express

Credit Card Number \_\_\_\_\_

Expiration date (MM/YR) \_\_\_\_\_

Name as it appears on card (please print)  
\_\_\_\_\_

Billing address (if different from left)  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

### 1) Order by mail:

ASGE, 4461 Paysphere Circle, Chicago, IL 60674

2) Order by fax: 630.573.0691

3) Order by phone: 630-573-0600

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