



Newsletter Order Form

I would like to subscribe to the Ideal Practice monthly newsletter service:

SELECT YOUR DESIGN



DESIGN ONE

- Clinic Newsletter
- GP Newsletter



DESIGN TWO

- Clinic Newsletter
- GP Newsletter



DESIGN THREE

- Clinic Newsletter
- GP Newsletter

PRACTICE INFORMATION

Practice Name: _____

Practice Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Services Offered

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Office Hours

Day	Opening Hours (<i>from - to</i>)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

I would like the following included in my newsletter design (please tick):

- Photo(s) - these will need to be emailed to Ideal Practice
- Practice Logo - this will need to be emailed to Ideal Practice
- Web Address: www._____
- Email Address: _____
- Other, please specify: _____

Other Requests



IDEALPRACTICE

EXPERTS IN HEALTH CARE PRACTICE CONSULTING

PAYMENT DETAILS

Practive Name: _____

- Monthly Clinic and GP Newsletters @ \$99.95 + GST (per month)
SPECIAL OFFER \$9.95 + GST for the 1st month
- Monday Morning Email subscription @ ~~\$49.95 + GST (per month)~~ **FREE**
- Copy of "Osteopathic Success Made Easy" @ ~~\$149.00~~ **FREE**

Credit Card Type: Visa MasterCard AMEX Diners

Credit Card Number: _____ Expiry Date: ____ / ____

Name of Cardholder: _____ CCV No: _____

Cardholders Signature: _____

Please return your completed form (3 pages) to Ideal Practice

POST: Ideal Practice
 Ground Floor, 46 Mary Street
 Noosaville QLD 4566

FAX: 07 5470 2802

EMAIL: info@idealpractice.com.au

If you have any queries please do not hesitate to contact us.



IDEALPRACTICE
EXPERTS IN HEALTH CARE PRACTICE CONSULTING

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www.idealpractice.com.au