



## Custom Newsletter Questionnaire

**VERY IMPORTANT:** This essential tool will be used by the IndeFree team in guiding you toward success! Your answers should be exciting and dramatic yet accurate and deliverable. Be thorough. We look forward to helping you achieve independence and freedom through the practice of your dreams!

\*\*\*FAX the completed form to **(408) 228-0711**.\*\*\*

“10,000 flyers, postcards, brochures or newsletters distributed into your community can bring in potentially **200-400 new patients** over the period of 12 months (not everyone responds immediately). This translates into approximately **\$200,000-\$400,000** in increased revenue for your practice. Can you get a better return on your investment!?”

-James Ko, MPT, President/Founder

Statement based on a 2-4% response rate on well designed ads and \$1,000 average new patient unit revenue.

Get started now and complete the application below.



- What do you know about the topic that the average therapist does NOT know?

- What is something regarding this topic that the reader can apply immediately?

- If the reader has a question about your article, how should they contact you?

1. We recommend an additional 4 SMALL articles of less than 200 words following the same format above. Provide to us in MS Word format.

2. What type of "Free" item can you offer your reader through this newsletter that might be of value to the reader?

3. Give 3 testimonials from other people/patients referencing your program/service or the practitioner. Give their names, city, state.

|                |
|----------------|
| Testimonial #1 |
| #2             |
| #3             |

4. Complete the sentence "Be wary of ... on any given topic.

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5. List anyone you wish to have featured in your newsletter. Send a professional portrait style picture of this person to [designer@indefree.com](mailto:designer@indefree.com).

Why are you wanting to feature this person?

What is their name?

Title

School

1) \_\_\_\_\_

Personal Interests and hobbies:

Special credentials and/or accomplishments:

6. Do you have any joke/quiz/famous saying you wish to add as a side item in your newsletter? If yes, write it here. If not, don't worry, we'll add things as needed.

7. Complete the sentence, "Something you probably don't know but would want to know is . . ."

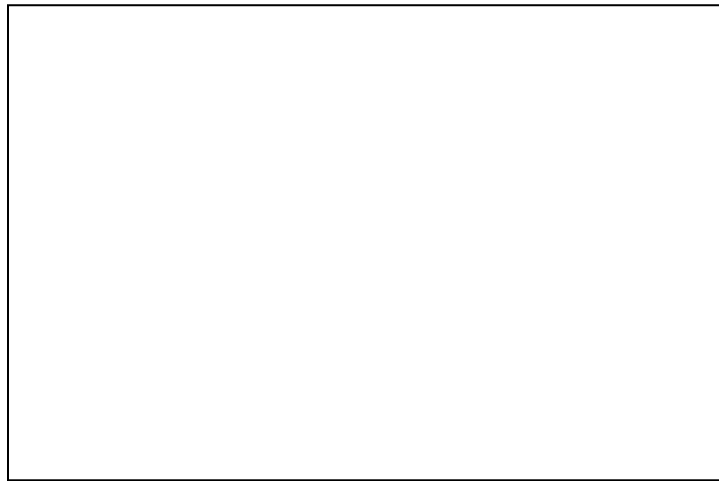
8. Give a minimum of 3 "Self Help Tips" that the reader can begin doing on their own now that would help them with something they might be interested in (ie. Pain relief, better performance, etc.). Limit to 200 words each.

9. Give the business name you wish to be on the brochure.

10. Give the full address, city, state, zip, phone, fax numbers, and website address as well.

11. Any major cross streets or landmarks?

Draw out a map below.



**Personal Information**

Complete the Payment Info Below to Begin Your Custom Brochure.

|                     |  |            |      |            |       |                 |     |
|---------------------|--|------------|------|------------|-------|-----------------|-----|
| Last Name           |  | First Name |      | Occupation |       | Yrs. Practicing |     |
| Home Street Address |  |            | City |            | State |                 | Zip |
| Home Ph.            |  | Cell Phone |      | Email      |       |                 |     |

**Business Information**

|  |  |  |  |                  |                             |                  |
|--|--|--|--|------------------|-----------------------------|------------------|
| Primary Contact Person (other than self) |  |  | Title  |                  | Length of Time with Company |                  |
| Business Name (If applicable)            |  |  | Type:<br><input type="checkbox"/> Sole Prop<br><input type="checkbox"/> Corp/LLC<br><input type="checkbox"/> Partnership | Yrs. in Business | No. of Employees            | No. of Locations |
| Business Street Address                  |  |  | City   |                  | State Zip                   |                  |
| Business Ph                              |  |  | Contact Person Email Address   |                  |                             |                  |

**Shipping Address (If different)****Refer-A-Friend or Colleague**

|                |  |  |                              |  |            |  |
|----------------|--|--|------------------------------|--|------------|--|
| Contact Person |  |  | Last Name                    |  | First Name |  |
| Street Address |  |  | Company Name (If applicable) |  |            |  |
| City           |  |  | State                        |  | Zip        |  |
| Phone No.      |  |  | Email Address                |  |            |  |
| Phone No.      |  |  | Phone #                      |  |            |  |

| Qty | Description | Price        | Amount |
|-----|-------------|--------------|--------|
|     |             |              |        |
|     |             |              |        |
|     |             |              |        |
|     |             |              |        |
|     |             | <b>Total</b> |        |

**Method of Payment**

Check/MO: # \_\_\_\_\_ Dated \_\_\_\_\_  
 Lease\*: \_\_\_\$1 or \_\_\_10% Buyout. Terms \_\_\_\_\_  
 Credit Card: \_\_\_Visa \_\_\_MC \_\_\_AmEx \_\_\_Discover  
 Name on Card \_\_\_\_\_  
 Card No \_\_\_\_\_  
 Exp Date \_\_\_\_\_ 3/4 Digit Code \_\_\_\_\_  
 Address associated with card: \_\_\_\_\_

**Authorization**

I AGREE TO THE CHARGES INDICATED ABOVE. I AM PURCHASING THESE PRODUCTS OR SERVICES AT MY OWN RISK. NEITHER INDEFREE CORP. NOR ANY OTHER PARTY INVOLVED IN CREATING, PRODUCING, OR DELIVERING THE PRODUCT OR SERVICE IS LIABLE FOR ANY DIRECT, INCIDENTAL, CONSEQUENTIAL, INDIRECT, OR PUNITIVE DAMAGES ARISING OUT OF YOUR RELIANCE ON, OR USE OF, THE PRODUCT OR SERVICE.

Signature

**X** \_\_\_\_\_

Date

Complete and fax to (408) 228-0711 or email [orders@indefree.com](mailto:orders@indefree.com)

(For Office Use)

A representative will contact you via phone or email upon receipt.

## IndeFree Designs Agreement

The purpose of this agreement is *to foster the best possible working relationship* between our design team and you the client. Our experience and history tells us that many business owners, especially clinicians, are not experts in advertising but yet they have many opinions, ideas and preferences when it comes to the way their brochures, flyers, newsletters and ads might look. We want to stay sensitive to your preferences, and we shall yet, at the same time, we ask you to trust our work, our *proven effective formulas*, and our expertise. We know what works best and there is a reason why we are the best choice versus using common everyday graphic designers.

### WHAT WE DO:

1. Take the information from your “Questionnaire” to thoroughly understand your services, offerings, and target market.
2. Apply advanced advertising principles and formulas to effectively capture the attention of your target market and generate more sales for your business.
3. We will test your design with a focus group made up of your target demographic to ensure maximum appeal and effectiveness.
4. Produce a proof for your review utilizing the best COLORS, STYLE, and FORMAT that best appeals to your target market.
5. Accept your feedback and preferences and incorporate as much of your input as possible without compromising the effectiveness of the design.

### WHAT YOU DO:

1. Thoroughly complete the “Questionnaire” and provide items requested to give our team the best understanding of your services and offerings. Without it design cannot be initiated. The clock starts ticking when you have provided all the necessary items.
2. Send logo (if applicable) in eps, pdf, or ai file format immediately to [designer@indefree.com](mailto:designer@indefree.com). We will attempt to utilize your logo colors within the design should they be appropriate for the target market in eliciting the appropriate emotions and feelings toward your service or product. There is no guarantee your logo colors will be used throughout the design if they don't match the target market analysis.
3. Review the proof we send and respond within 72 hours with comments mainly on the CONTENT of the brochure. Focus on the content and NOT the format, style, and colors used.
4. If you don't receive a proof within 7 business days and we have not contacted you please follow up via email or phone ([designer@indefree.com](mailto:designer@indefree.com) or 800-801-4511).

**REQUIRED:** *These are the following conditions that must be agreed upon to begin a relationship with the IndeFree Design Team and initiate design of a customized advertising piece. Check-off and sign below.*

- I will trust the IndeFree Design Team and the colors and styles they choose to implement in the designs to be most effective for my target population, even though they may not be appealing to me.
- The colors and format of the design may not be appealing to me but I will trust that they are effective for my target market.
- I will not respond to proofs in the form of complaint or with intent of criticism but rather I will ask questions to understand the reasoning behind their choice in style, format or color.
- I understand that should I NOT abide by these conditions the following consequences may arise:
  - Cancellation of design project with or without partial monetary credit.
  - Request to sign the waiver below in order to complete design project.

Client Name \_\_\_\_\_

Item to be designed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

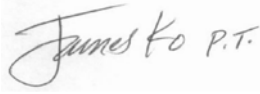
WAIVER (Only to be used in the event client fails to abide by the conditions of this agreement and continue with completion of project)

I, \_\_\_\_\_, hereby release IndeFree of all liability and responsibility on the effectiveness of this design item. If it fails as a business generating tool for my business, I will hold IndeFree blameless. I also forfeit James Ko's and Advertising Specialist's participation on this project.

Congratulations on completing this very important exercise. Not only is it needed to develop your custom advertising item but it is also essential for private practice success! Once your payment processes successfully you'll receive a confirmation via email. Any graphics, logos, or illustrations you want to include in your newsletter or website should be sent to [designer@indefree.com](mailto:designer@indefree.com).

Thank you for your business and we look forward to helping you succeed!

Sincerely,

A handwritten signature in black ink that reads "James Ko P.T." The signature is written in a cursive, flowing style.

James Ko, MPT, CFA, President  
IndeFree Association

\*\*\*FAX the completed form to toll-free **(408) 228-0711**.\*\*\*

- Make sure to send the following to [designer@indefree.com](mailto:designer@indefree.com).
- Logo (in eps, ai, jpeg in 300dpi format)
- Any pictures you wish to use in your newsletter.
- Articles in Word file.