



INDEFREE
MARKETING

Custom Brochure Form

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, or brochures 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.

7. How long before the benefits are realized.

8. Who is BEST for what you are offering?

9. Give 3 testimonials from other people relating to your offering or the practitioner who is offering it. List their names, city, state.

10. Complete the sentence "Be wary of" _____

11. List the person(s) who should be featured to represent your offering. Send a portrait style picture to order@indefree.com.

Name(s) of those who will have featured bios	Title	School
1) _____	_____	_____

Personal Interests and hobbies:

Special credentials and/or accomplishments:

What do you like most about offering what you are offering?

2) _____

Personal Interests and hobbies:

Special credentials and/or accomplishments:

What do you like most about offering what you are offering?

11. What should the reader expect to pay if taking advantage of your offering?

12. How do you prefer the reader to make contact with you to take advantage of your offering?

13. Why should the reader act now and NOT put this off?

14. Any other incentives for why the reader should act now?

15. Give the 3 main causes of the problem you are specifically addressing (more detailed the better):

16. Give a minimum of 3 "Self Help Tips" that the reader can begin doing on their own now that would help immediately:

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

18. Give the full address, city, state, zip, phone, fax numbers as well.

19. 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: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corp/LLC <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	Email Address		
Phone No.		Phone #			

Qty	Description	Price	Amount
		Total	

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

(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, ads, and items 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 artists.

WHAT WE DO:

1. Take the information from your “Custom Design Form” 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 “Custom Design form” to give our team the best understanding of your services and offerings. Without it design cannot be initiated.
2. Send logo (if applicable) in eps, pdf, or ai file format immediately to 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 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 brochure 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 order@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 style.

James Ko, MPT, CFA, President
IndeFree Association

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