Business Cards Order Form for Brennan Healing Science® Practitioners

In order to provide you a more flexible and cost-effective source for business cards, you will receive a CD with files of your order in several formats. This will allow you to bring your CD to the printer of your choice, or if you prefer, to print them from your home printer. Your final approved layout will be included on your CD as PDF files, in the following:

1) Single Full-Color: This file contains a single version of your card in full color. It can be supplied to Kinkos or any printer who offers "digital printing" and can be reproduced in the quantities and on the paper stock of your choice.

2) Single or 10-Up Black & White: This file contains a single /10-up version of your card in black and white. It can be supplied to a printer who offers "conventional offset printing" on an actual printing press, and you can specify that you want your cards printed with PMS 2735 ink. PMS 2735 is the standard "BBSH Purple," and using this option, your card will be printed in purple only and not full-color. Depending on quantities, printing your cards on a conventional printing press can offer substantial cost savings. In addition, your choice of paper stocks will be much greater.

3) 10-Up Full-Color: This file contains ten copies of your card positioned on a standard letter-size sheet. This file can be used with Avery and other paperstocks that are "perforated" so that you can print them from your home printer, and then simply peel apart. Avery #5371.

To complete your order, please check **ONE** of the appropriate boxes and fill out all of the requested information that you wish included on your card. Write all of your information clearly and exactly as you wish it to appear. **If you do not wish to include certain information on your card, leave that section blank.** If you have any questions, e-mail Stuart Adams at **stuartadams@barbarabrennan.com**. When complete, mail this form, along with your payment for \$25, to:

BHS Practitioner Cards, Barbara Brennan School of Healing® • 500 NE Spanish River Boulevard, Suite 208, Boca Raton, FL 33431

By completing this order form, you agree to use the supplied file(s) for the sole purpose of printing BHS Practitioner business cards as they are provided to you. Altering these layouts or extracting artwork for other use is against copyright law and strictly prohibited.

☐ I would like this layout for my card.



Brennan Healing Science Practitioner
Brennan Integration Practitioner "Supervisor
Naturopathic Doctor • Psychotherapist

450-565-8956

alain.grouette@videotron.ca 111 rue des Jasper, St-Colomban Quebec, J5K 2E8 • Canada

(Please allow 2 to 4 weeks for domestic U.S. delivery from the date we receive your final okay to the delivery date of your CD)

I would like this layout for my card. (See "Photo Instructions" below.)



Photo Instructions: You may supply either a computer-ready file of your photo (jpeg, tiff or eps), or a photo that we will scan for you. (Your photo will be returned with your order.) To submit a computer file, email it to stuartadams@barbarabrennan.com or supply on a CD with this order form.

| 1) The year y | ou graduated from BBSH: |
|---------------|---|
| | (Required for office purposes only; will not appear on card.) |
| 2) Your name | e and credentials as you would like them to appear: |
| | |
| 3) Your phor | ne and fax number(s), if applicable: |
| 4) Your addr | ess (include your country only if you wish it included) |
| 5) Your e-ma | nil address and/or web site: |

| 6) Order Total: \$25 • Method of Payment: | | |
|--|--|--|
| ☐ Check, Money Order or Foreign Draft (on U.S. bank) enclosed, made payable to "BBII." | | |
| ☐ Visa ☐ MasterCard | | |
| Credit Card #: Expiration Date: | | |
| V Code*: Signature: | | |
| (*The last 3 digits that appear on the magnetic strip on the back of your card.) | | |
| Today's Date:/ | | |
| 7) \square I am a Florida Resident paying sales tax for an order total of \$26.50. | | |
| 8) Your CD will be shipped to your address as it appears on your card. If no address appears there, or more than one address appears, or you would like your order shipped to a different address, please check this box and indicate your preferred shipping address on the back of this form. Do not check this box if you would like your CD shipped to the address as it appears on your card: | | |
| 9) Before my final approval, I would like the proof(s) of my card: | | |

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BHS Practitioner Card Order Form – Rev 10/19/11

E-mailed to: Faxed to:(