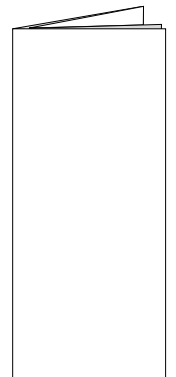


8 PANEL BROCHURE

FOR A QUANTITY OF:	YOUR INVESTMENT IS ONLY:	
25	\$158.00	
50	\$190.00	
100	\$228.00	
250	\$253.00	
500	\$307.00	
750	\$349.00	
1,000	\$402.00	
2,000	\$392.00	per 1000
3,000	\$381.00	" "
4,000	\$349.00	" "
5,000	\$317.00	" "
7,500	\$275.00	" "
10,000	\$243.00	" "
12,500	\$239.00	" "
15,000	\$233.00	" "
17,500	\$228.00	" "
20,000	\$223.00	" "
25,000	\$218.00	" "
30,000	\$212.00	" "
40,000	\$210.00	" "
50,000	\$207.00	" "
75,000	\$200.00	" "
100,000	\$196.00	" "



**8 Panel
 Brochure
 Approx.
 3 1/2" x 8 1/2"
 Folded
 14" x 8 1/2"
 Open**

4 CONVENIENT WAYS TO ORDER:



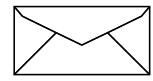
Fax This Form to:
(570) 648-9049
7 Days a Week
24 Hours a Day



Call Toll Free:
1-800-648-5785
Monday - Friday
9 a.m. - 5 p.m. Eastern Time



Email your order to:
orders@keystoneexpressions.com
7 Days a Week
24 Hours a Day



Mail this form to:
Keystone Expressions, Ltd.
P.O. Box E
Shamokin, PA 17872

Please send me the following:	Quantity	Unit Price	Total Price
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Please allow for production tolerances of plus or minus 10% for personalization of your products.

\$25.00 Logo charge for orders requiring imprinted logos

\$15.00 Typesetting charge to modify our standard copy

SUB TOTAL

Pennsylvania Firms include 6% Sales Tax

TOTAL

ALL ORDERS SHIPPED WITHIN 15 WORKING DAYS ON OPEN ACCOUNT.

OR PLEASE SHIP MY ORDER TO ARRIVE BY:

Month / Day / Year
(allow up to 5 days actual shipping time)

Shipping and Handling is included on your invoice.

YOUR COMPLETE SATISFACTION GUARANTEED!

Check here if you **DO NOT** want your order imprinted

IMPRINT DESIRED

Available on request at no additional charge:



other _____

Federally insured by NCUA

Check here if you are including your logo.

To add your logo to your imprint:
Email vector (.eps) or 240 dpi raster (.jpg / .tif) artwork to:
logs@keystoneexpressions.com

SHIP TO: Direct shipment to your mailhouse is available.

ATTN: NAME _____

TITLE _____

INSTITUTION NAME _____

STREET ADDRESS (INCLUDE P.O. BOX FOR BILLING) _____

CITY STATE ZIP _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

SIGNATURE (ORDER MUST BE SIGNED) _____ DATE **WS-2010**