

Doctor Bio – Order Form



Date _____ Name _____ Store # _____

Phone _____ Fax _____

Shipping Address _____

Unless otherwise noted in the catalog, all items will ship via UPS Ground. Priority shipments are available at additional charge. Please indicate:

FedEx Next Day (extra cost) FedEx 2nd Day (extra cost) We will advise you of this charge for your approval prior to placing your order.

How to Order OD Bios

1. Please select the bio style you want.

Logo (If we do not have your logo you will need to send a vector EPS file to ginny@usfi.com or a disk to our mailing address below.)

Choose background color Red Blue Green

2. Please select a quantity. 500 Bios for \$195.00 plus \$10.00 S&H 1,000 Bios for \$350.00 plus \$16.00 S&H

Please allow 12 business days for delivery.

3. Complete information below. Please write clearly.

Doctor name _____

Phone no. (Write the one that is best for printing on bio. folder) _____

Address _____

Practice name (if applicable) _____

EDUCATIONAL BACKGROUND:

From which college/university did you receive your Doctor of Optometry degree? _____

From which college/university did you receive your undergraduate degree? _____

Have you had any further training or educational experience? _____

PROFESSIONAL EXPERIENCE:

What year did you begin practicing optometry? _____ What is your area of expertise? _____

Do you have any other special skills? _____

Are you affiliated with any professional associations or organizations? _____

PERSONAL INFORMATION:

What city do you live in? _____ Are you married? _____ Do you have children? _____ Ages? _____

What are your hobbies/interests? _____

Payment Options

Please select one of the following options:

Please charge to my credit card as indicated below.

Check – Please make payable to: USFI and mail to: Ginny Wakefield c/o USFI, Great Eyedeal, 12100 Ford Road, Suite 100, Dallas, TX 75234.

Visa MasterCard American Express

Account # _____ Exp. date _____

Name on card _____ Signature _____

Billing address for credit card statement _____

Upon completion please fax this order form to **1-800-422-2903**.