Practitioner (medical, dental, or veterinary) **Newsletter Contract** (The Mortar and Pestle or Customized Medications) **for printed or email newsletters or combination package**

STOREYmarketing
Ph: 800-270-8878
Fax: 888-270-8878
www.storeymarketing.com
info@storeymarketing.com

Newsletters are exclusively provided to one pharmacy or a consenting group of pharmacies per demographic area on a "first come - first served" signed contract basis. ***Please complete this contract and fax to 1-888-270-8878.***

Storey Marketing (SM) agrees to provide _____ (pharmacy) located in _____ _____ (city, state) (henceforth called the pharmacy/subscriber) with a pharmacist-to-prescriber newsletter, subject to the following terms:

1) Subscription will begin in _____ and will continue monthly (for a minimum of three issues). Pharmacies may order either printed or email newsletters, or a combination of the two forms of distribution to meet minimum quantities or volume discounts. Indicate the initial quantity of printed medical practitioner newsletters you would like to receive each month. _____ (OPTION: Veterinary version qty._____ quarterly, Dental version qty._____ biannual) EMAIL QUANTITIES: The quantity of email newsletters that are sent will be determined by the number of addresses in the predetermined database (list) on the send day. Quantities may be modified at any time, but minimum quantities apply.

2) Storey Marketing will not provide this newsletter to another pharmacy located within your designated area, but exclusivity cannot be guaranteed (i.e. a pharmacy in another location may send to a prescriber in your area). If the pharmacy fails to order newsletters on a monthly basis, or the quantity ordered falls below the designated quantity for the demographic area (40% of practitioners), exclusivity may be revoked at Storey Marketing's discretion.

3) Invoicing is done on a quarterly basis. Subscriber may request an increase in the number of newsletters at any time and will be invoiced for additional payment.

4) Prices may increase at any time but not during the initial 3 months of the contract. This contract will automatically renew unless terminated by either party. Terms of this agreement will also apply to any subscription renewals, unless a subsequent contract is signed.

5) **The subscriber agrees to review the faxed or emailed proof of each issue and promptly contact Storey Marketing with approval or request of any needed changes. If SM does not receive a response from you within 72 hours after sending the proof, SM will fax pharmacy a reminder. If SM does not receive a response (approval or requested change) from the pharmacy by the third business day after the reminder is faxed, SM will consider your newsletter(s) approved and print the usual number of copies or email the newsletter to the usual list. Pharmacy will be responsible for the cost of any newsletters which are printed or emailed.**

6) The undersigned is an authorized representative of the above designated pharmacy or medical practice, and agrees to indemnify and hold harmless Patricia L. Storey, Storey Marketing, employees and representatives of Storey Marketing, and contributors, for any liability, judgments, settlements, costs, or expenses that may be incurred as a direct or indirect result of any newsletter content or the use of any materials provided by Storey Marketing.

7) No authorization or permission is given to anyone to reproduce in any fashion, display on the Internet, or transmit by facsimile or any other electronic means (such as E-mail) newsletters or any materials that are produced by Storey Marketing. Unauthorized usage is a violation of the copyright laws of the United States of America, and subject to substantial monetary penalties.

Faxed signatures will be binding.

_____ _____ _____ _____
Patricia L. Storey Date Please sign your name. Date
President, *Storey Marketing*

For Storey Marketing use only
Designated Area:

Please complete the following information which will be used to personalize your newsletter template.

Pharmacy:

Address:

Phone: Toll-Free:

Fax: Toll-Free:

E-mail: Website (domain name/URL):

Please e-mail (.jpg, .tif, or .eps file) your logo (as well as any photos you would like to use for email newsletters).

Would you like to list the names of pharmacists or key employees in your pharmacy?

Name: Professional Designation or Title: