

# NOLARO24 Marketing Kits

**ORDER FORM**  
FOR MEDICAL  
PROFESSIONALS ONLY

SALES REP _____	CUSTOMER # _____	DATE _____
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Submit orders to: Tel **877.792.4669** Fax **(203) 758-1011** E-mail **orders@nolaro24.com**

Office Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Type of Practice: \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ PO# \_\_\_\_\_  
 Email Address: \_\_\_\_\_

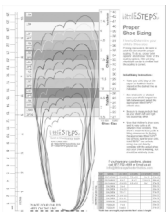
**Ship To:**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bill To: (if different)**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Credit card and billing address: (if different) Keep credit card on file for future orders? Y N Invoice** \_\_\_\_\_  
 Name: \_\_\_\_\_ Street or P.O. # \_\_\_\_\_ Zip \_\_\_\_\_  
 Account # \_\_\_\_\_ Exp \_\_\_\_\_ CCV\* \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Disc \_\_\_\_\_  
 \*CCV security code is the last 3 digits on the back of your credit card in the signature box



Includes:



Laminated Fitting Guide

**\$54<sup>99</sup>** PER KIT  
**Marketing Kit**  
 \_\_\_\_\_ KITS

Fitting Chain (1 foot of all 11 sizes)



25 Patient Education Brochures with Waiting Room Brochure Holder



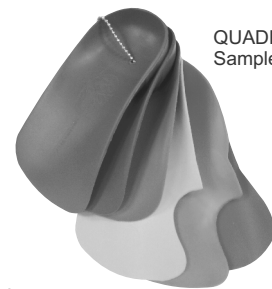
1 foot sample Gait Plate



**QUADRATEST<sup>®</sup>**



**\$50** PER KIT  
**Marketing Kit**  
 \_\_\_\_\_ KITS



QUADRATEST Sample Chain



4-Step Foot Typing Guide



19" x 27" Educational Poster



25 Patient Education Brochures with Waiting Room Brochure Holder