

# MEDICAL INSIGHT, INC.

## Medical Insight Products and Services MARKET RESEARCH ORDER FORM

	List Price	Order Amount
<input type="checkbox"/> The Global Aesthetic Market Study, April 2008	\$9,950	\$ _____
<input type="checkbox"/> The Global Neurotoxin Market Study, December 2006	\$2,950	\$ _____
<input type="checkbox"/> Global Market for Dermal Fillers, March 2006	\$2,950	\$ _____
<input type="checkbox"/> Global Body Shaping Market Study, March 2006	\$2,450	\$ _____
<input type="checkbox"/> Worldwide Epilation Market Study, September 2006	\$1,950	\$ _____
<input type="checkbox"/> The Market for Home Use Aesthetic Products Study	\$1,450	\$ _____
<input type="checkbox"/> Emerging Market for Aesthetic Technologies	\$950	\$ _____
<input type="checkbox"/> Injectables Mini Report, February 2008	\$750	\$ _____
<input type="checkbox"/> Fractional Report, January 2008	\$750	\$ _____
<input type="checkbox"/> Body Shaping and Cellulite Reduction Report, Nov. 07	\$750	\$ _____
<input type="checkbox"/> Pigmented & Vascular Lesions/Tattoo Removal Market Study	\$750	\$ _____
<input type="checkbox"/> Primary Care Market Analysis, July 2007	\$750	\$ _____
<input type="checkbox"/> The Art of Aesthetic Practice (M.Tager)	\$29.95	\$ _____
<input type="checkbox"/> Medical Insight Report ( <i>email address required</i> )	\$475	\$ _____
Includes: Aesthetic Buyers Guide & European Aesthetic Buyers Guide		
<input type="checkbox"/> THE Aesthetic Guide (6 issues) & THE European Buyers Guide (2 issues)	\$250	\$ _____
<input type="checkbox"/> Aesthetic Forum DVD, February 2008	\$450	\$ _____
<input type="checkbox"/> THE Aesthetic Show 2008 on DVD	\$595	\$ _____
<input type="checkbox"/> Shipping & Handling (req. outside U.S. for ABG/EABG delivery and hard copies of studies)	\$100	\$ _____
<b>TOTAL ORDER</b>		<b>\$ _____</b>

### Payment

Check attached payable to: *Medical Insight, Inc.*

Visa/MasterCard       American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name (as it appears on card): \_\_\_\_\_

Name/Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email Address: (required for email delivery) \_\_\_\_\_ 09/05

*For immediate response, please FAX this form to: (949) 830-8944, or call (949) 830-5409*