

# MEDICAL INSIGHT, INC.

## MARKET RESEARCH ORDER FORM

	<b>List Price</b>	<b>Order Amount</b>
<input type="checkbox"/> The Global Aesthetic Market Study VII, Oct' 09	\$9,950	\$ _____
<input type="checkbox"/> Body Shaping and Cellulite Reduction Report, Jan' 09	\$950	\$ _____
<input type="checkbox"/> Physician-Dispensed Cosmeceuticals, Jan'2009	\$950	\$ _____
<input type="checkbox"/> Home Use Device, Jan' 2009	\$950	\$ _____
<input type="checkbox"/> Non-Core Physicians:, April' 2009	\$950	\$ _____
<input type="checkbox"/> Fractional Skin Rejuvenation, April' 2009	\$950	\$ _____
<input type="checkbox"/> Facial Injectables, Dec' 2009	\$950	\$ _____
<input type="checkbox"/> Skin Tightening Mini Report, May' 2009	\$950	\$ _____
<input type="checkbox"/> THE Aesthetic Guide (6 issues) & THE European Buyers Guide (2 issues)	\$250	\$ _____
<input type="checkbox"/> THE Aesthetic Show 2009 on DVD	\$595	\$ _____
<input type="checkbox"/> Shipping & Handling (req. outside U.S. for TAG/EAG 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