MediPartnersNSW

14 Atherton Rd
Engadine NSW 2233
p 02 9520 1070
f 02 9548 1114

Agreement between

MediPartners NSW

ABN 508081945708

and

Centre Name: .....

Contact Name: .....

Address: .....

Suburb: ..... Postcode: .....

Tel No: ..... FaxNo: .....

Email: .....

Web Address: .....

Call m 0416 796 360 or Fax Back Now on 02 9548 1114
Or email: christy1@ozemail.com.au

Please supply The Medical Centre with information / appointment cards totally free of charge.
(Minimum 3000 cards per medical centre per annum).

Number of General Practitioners: ..... Number of Other practitioners: .....

Average number of Consultations per week: .....

Signed on behalf of the Medical Centre: .....

Date: ..... Print Name: .....

Position of Authorised signatory: .....

Signed on behalf of MediPartners NSW: .....

Terms & Conditions

The Company agrees to supply the advertisement backed information/appointment cards to the Centre, totally free of charge.
The Centre hereby agrees to distribute the cards to their patients for a minimum of two years.
This agreement shall commence on the date hereof and is only transferable with the written consent of the Company.
This agreement may only be terminated by either party subject to 24 months written notice after publication.
The Company reserves the right not to proceed to print, until sufficient sponsorship is gained.
The Centre agrees not to use an alternative appointment card, with or without sponsorship.

PLEASE ORDER SOONER THAN REQUIRED
INITIAL ORDER TAKES 8-12 WEEKS

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LET'S MAKE YOUR APPOINTMENT CARDS MORE PERSONAL

MEDICAL CENTRE: .....

Can you please provide us with the contact details of any businesses / practitioners you already currently deal with **OR** that currently work from your premises, **OR** you may use yourself & like - so that we may offer space on your new appointment cards to these allied health professionals first.

Below is a list of categories to jog your memory for services you may use.

(include business name/contact person/phone number)

- ☐ Chiropractor .....
- ☐ Counselling .....
- ☐ Dentist .....
- ☐ Fitness Centre .....
- ☐ Hearing / Audiology .....
- ☐ Optometrist .....
- ☐ Pathology .....
- ☐ Pharmacy .....
- ☐ Physiotherapy .....
- ☐ Podiatry .....
- ☐ Psychology .....
- ☐ Speech pathology .....
- ☐ X-Ray / Radiology .....
- ☐ Other Professional Services .....

Notes / Comments .....

Please return completed form to **MediPartners**
via email to christy1@ozemail.com.au
or fax 02 9548 1114

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DESIGN & INFORMATION ON YOUR PATIENT APPOINTMENT CARDS

(No charge)

Would you like us to use your existing logo to appear on front cover?

If **NO** or **YES** (*please circle*) - send via email christy1@ozemail.com.au

Please include any information you wish to appear on your cards:

Doctors Names: .....

.....

.....

Hours of Operation: .....

.....

.....

After Hours emergency contact: .....

.....

Additional Info: .....

.....

.....

Alternatively we can design it for you

- to keep it as simple for you as possible

If this is your preferred option, please circle **YES**

Where would you like us to send an email for proof prior to print? .....

.....

Email Address: .....

Thank you