



Deadline: October 28, 2022

My Hometown Health Print and Distribution Order

**Volume 16, Issue 1
Winter 2023**

Please return this completed and signed form by **October 28, 2022** to Brentwood Communications, Inc. by fax (615-425-2844) or by email to lindsay@brentwoodcommunications.com. For information or questions, call 615-425-0821.

Hospital: _____

Total Print Quantity:

- A. # For hospital distribution _____
- B. # For mailing purposes _____
- C. # For newspaper distribution _____ (Total of ALL newspapers below)
- D. # Total print quantity _____

Shipping address for magazines to be sent to hospital:

Attn: _____
Phone: _____

Shipping address for magazines to be sent to mailer.

(If Brentwood Communications will be handling your mailing, check here _____. If so, you do not need to fill in the mailer's shipping address. **If you are handling your own mailing, you will need to provide the necessary indicia art by the deadline for this form.**)

Attn: _____
Phone: _____

Shipping address for magazines to be sent to newspaper(s).

If Brentwood Communications will be handling your newspaper distribution, check here _____

Note: Magazines are due to be shipped out by mid-September – please allow at least two weeks for delivery to appropriate newspapers in order to meet the insertion deadlines.)

1. Newspaper Name and address _____

Quantity for this newspaper _____
Contact and Phone _____
Insertion Date _____ Deadline _____

3. Newspaper Name and address _____

Quantity for this newspaper _____
Contact and Phone _____
Insertion Date _____ Deadline _____

2. Newspaper Name and address _____

Quantity for this newspaper _____
Contact and Phone _____
Insertion Date _____ Deadline _____

4. Newspaper Name and address _____

Quantity for this newspaper _____
Contact and Phone _____
Insertion Date _____ Deadline _____

Hospital Authorized Representative(s) _____ / _____
Signature Date