TO RECEIVE MORE EXTENDBAR SAMPLES…

There are three easy ways to order more ExtendBar professional samples. Simply return this completed form to us by:

- **Mail:** ExtendBar, 2200 West Port Plaza Drive, Suite 316, St. Louis, MO 63146
- **Fax:** 1-314-453-0300
- Or, **Call** us at 1-800-887-2919 to order by phone

Please allow 2-3 weeks for delivery after your request has been received and processed.

YES! Please send me more professional samples of ExtendBar! I would like to receive:

☐ Samples: used for one-on-one counseling settings

☐ Brochures: used for class sessions, waiting rooms, one-on-one sessions, and health fairs

Requests for Special Events: Please call us at **1-800-887-2919** if you're having a special event and would like to receive ExtendBar materials. Requests must be submitted at least 60 days prior to the actual date of event.

Questions about ExtendBar to help us better meet your needs: (This section MUST be completed in full to be qualified to receive samples)

1. What benefits have your patients experienced from using ExtendBar?
   _____
   _____
2. How does ExtendBar compare to other products that you have recommended for your patients?
   _____
3. What percent of your patients, if any, have had difficulty finding the product? Are they aware that ExtendBar is available in most Walgreens?
4. How many of your patients are purchasing ExtendBar for regular use?
   _____
5. List a nearby pharmacy that you would like to have ExtendBar readily available for your patients?
   Pharmacy Name: _____
   Contact Name, Title: _____
   Phone: (_____) _____
6. What percentage of the individuals you treat and/or counsel do you think ExtendBar is appropriate for?
   □ Few (1-20%) □ Many (41-75%)
   □ Some (21-40%) □ Most (76-100%)

*Are your patients aware that we offer a subscription program that allows them to receive ExtendBar on a regular basis at a discounted price and with FREE shipping? Please call for details.

Please send my professional samples to:

Contact Name, Title: _____

Company Name: _____

Address: _____

City/State/Zip Code: _____

Phone: (_____) _____ FAX: (_____) _____

E-Mail: _____

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