



Phone: 1-888-243-2661

Ghost Written Book Agreement

This agreement is between Totally Booked Practice, LLC., and:

Contact Name _____
 Office Name _____
 Office Street Address _____
 City: _____ State: _____ Zip Code _____
 Office Phone Number _____
 Office Fax Number _____
 Cell Phone Number _____
 Email Address _____
 Web Address _____
 Referred by: _____

Totally Booked Practice, LLC., referred to as TBP, will make the following products and services available to the Contact above.

Custom Book Services:

We will provide

- Professional writing services of approximately 30,000 words/150 pages or less (5 ½ X 8 ½ paperback size) derived by:
 - Telephone interviews with you
 - Materials supplied to us by you
 - Research as needed based on information you have provided
 (note: if your book exceeds 150 pages, there will be a supplemental fee of \$15 per page)
- A manuscript for you to review and approve
- Editing, formatting, and typesetting the manuscript in paperback format (5 ½ X 8 ½)
- Personalized book cover design in full color
- Publishing the book which includes an ISBN, barcode, and price listed on back cover.
- Printing (color cover, black and white content) 100 copies of the book.

Our services also include:

- *One on one teaching calls* with our new patient marketing coaches on how to boost new patient volume using your very own book. This will include a written, marketing plan for you or your staff to implement.
- *Tele-seminars* – Learn from our new patient marketing coaches and other successful doctors on different ways to utilize your book to increase your new patient volume.
- *Marketing Products* – You will be provided a 3D image of your book to be utilized on your web site, business card, and other advertising materials. There are additional marketing tools available for purchase which includes: bookmarks, gift certificates, postcards, business cards and more.

Ghost-Written Book Payment Options- Includes 100 books
(Select your payment option)

- \$19,695 one-time payment
- \$1750*/month for 12 months

Additional Book Quantities

For more books with initial order, please check off the additional quantity and payment option below.

For reordering books, please check off the quantity and payment option below.

- Add more books to initial order
- Reorder books

Additional Books/Reorder Book Prices (For books previously written with our services):

Please check off the quantity and payment option you want:

- 100 books**
 - \$1497 one-time payment
 - \$133*/month for 12 months
 - \$49*/month for 36 months
- 500 books**
 - \$2497 one-time payment
 - \$222*/month for 12 months
 - \$83*/month for 36 months
- 1000 books**
 - \$3997 one-time payment
 - \$355*/month for 12 months
 - \$133*/month for 36 months

* 12 month and 36 payment plans are calculated at 12% APR

30 Day Money Back Guarantee: 30 Day Money Back Guarantee: If you change your mind within the first 30 days of the date of this agreement contract.

TOTALLY BOOKED PRACTICE, LLC., PAYMENT TERMS:

Please fill in the amounts from previous page selections:

Initial Program Selection Payment Option: \$_____ () one-time payment () 12 month payments () 36 month payments

Plus:

Additional Book Quantity Payment Option: \$_____ () one-time payment () 12 month payments () 36 month payments

Total Amount Due: \$_____ () one-time payment () 12 month payments () 36 month payments

Book Program: Doctor authorizes Totally Booked Practice, LLC. to charge \$97.00 for the initial book administrative service fee upon receipt of this order. The first payment will be charged at 30 days from the signed contract and agreement date.

Book Reorders: First payment is due upon receipt of this signed contract and agreement date.

Sales Tax: We must collect Florida State tax if your office is in Florida -with your first payment. Doctors who practice outside of Florida are responsible for paying the sales tax to their own state.

Shipment of Books: Shipping Costs will be billed when the book ships to you.

___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number: _____

Expiration Date: _____ / _____ Security Code: _____

Name on Credit Card: _____

Billing Address: _____

Billing City: _____ State: _____ Zip Code: _____

Billing Phone Number: _____

Client Signature: _____ Date: _____

Please note that any signature from a representative of the doctor constitutes a signed and confirmed agreement.

Additional Agreement Terms:

- This agreement shall be governed in accordance with the laws of Florida.
- It is the responsibility of the contact to get all required information and photos to TBP within 6 months of signing this agreement. If contact does not provide required information and photos within this time period, TBP reserves the right to expire this contract. At expiration of contract, there will be no refund of prior payments by the contact, and there will be no additional payments charged to the contact.
- If payments due are declined by credit card on file, a late fee of \$35 (per instance) will be assessed unless alternate arrangements are made in advance.
- If this contract goes to collections, all attorney and court expenses will be the responsibility of the contact.

Copyrighted Material

All material written will be copyrighted to and will be owned by the contact.

Totally Booked Practice, LLC. can use any information, including names, pictures, likenesses, or trademarked information provided to it for any marketing purposes.

Please fill out all pages and Email to info@totallybookedpractice.com

Or Fax to: 1.888.976.9464

Ref #: _____