

CHART NOTES

ADVERTISING ORDER FORM 2016-17

CLIENT INFORMATION			Full Page
COMPANY			7.5x10
CONTACT			
BILLING ADDRESS	CITY/STATE/ZIP		
PHONE #	FAX #E-MAI	IL	
SPECIFICATIONS □ Full Page □ 1/2 Page Horizontal □ 1/2 Page Vertical □ Insert (Advertiser supplied) □ 1/4 Page Vertical □ 1/3 Page Vertical □ 2/3 Page Vertical □ Insert (CN printed)			Half Page Horizontal 7.5x4.75
PUBLICATION SELECTI 3rd Qtr – 2016 4th Qtr – 2016 NOTES:		□ 3rd Qtr – 2017 □ 4th Qtr – 2017	Half Page Vertical 4.75x10
RATE INFORMATION (SEE RATE SHEET) \$ Space Rate	PAYMENT INFORMATION □ VISA □ MasterCard □ AmEx NAME ON CARD		1/3 2/3 Page Page 2.5x10 5x10
x Number of Issues	EXP DATESIGNATURE	CVC #	
\$ TOTAL Please make checks payable to Marion-Polk County Medical Society.	INVOICE ME □ Quarterly □ Annually AUTHORIZATION SIGNATURE TITLE	DATE	1/4 Page 3.5x4.75

Send high resolution PDF ad files to: melissa@mpmedsociety.org

CUSTOMER APPROVAL

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