Advertising Contract

AAPM Sales Department
4700 W. Lake Avenue
Glenview, IL 60025-1485
847/375-4856, Fax 888/412-7584
E-mail: info@painmed.org or rnowak@connect2amc.com

We agree to contract for insertion(s) of _____ page(s) ad at the rate of $_____.

❑ 4C ❑ B/W

❑ Network-Winter issue

❑ Network-Spring issue

❑ Network-Summer issue

❑ Network-Fall issue

❑ Membership Directory

❑ Program Book

❑ 5% Discount –Newsletter Ad in conjunction with JobTarget Web site Posting

❑ $30 Classified Insertion Fee waived for AAPM Members. AAPM Member Number _____
You MUST provide your AAPM member number to receive this discount.

Insertion Order #: _____
(if applicable)

This contract is authorized by _____ _____
Signature Date

ADVERTISER information
(Please print)

Name _____

Title _____

Company _____

Address _____

City/state/zip _____

Phone (_____) _____

Name of advertiser _____

Name of ad agency (if applicable) _____

BILLING information (if different from Advertiser)
(Please print)

Name _____

Title _____

Company _____

Address _____

City/state/zip _____

Phone (_____) _____

E-mail _____