



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 rnolak@connect2amc.com

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

4C B/W

Network-Spring issue

Membership Directory

Network-Summer issue

Program Book

Network-Fall issue

Network-Winter issue

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 _____