



MICHIGAN PHARMACISTS ASSOCIATION

WEBSITE ADVERTISING CONTRACT

Date: _____

Name of Advertiser: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Send Invoice to: _____

Frequency to be Charged: ____ Time(s)

Ad Size	Ad Start Date, if applicable	Ad End Date, if applicable	Special Pricing, if Applicable	Total to be Billed
Homepage Slider				
12.5" x 1.5" (homepage)				
3.125" x 5.25" (vertical); 9.5" x 1.5" (horizontal)				
Other (page/size)				

If selected "Other (page/size)" please indicate desired page for ad placement as well as size of ad:

PAYMENT INFORMATION:

Authorizing Agent Signature: _____

Name, Title and Company: _____

Payment: Check Enclosed (payable to MPA) Credit Card

Credit Card Type: VISA MasterCard American Express

Name on Card: _____ Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____ Total Amount to be Charged: _____

Please send signed contract to Michigan Pharmacists Association, Bridget Long, 408 Kalamazoo Plaza, Lansing, MI 48933; fax to (517) 484-4893, attention: Bridget Long; or e-mail to Bridget@MichiganPharmacists.org.

Any change in this contract must be submitted in writing 14 days in advance of ad start or insertion date.