



MICHIGAN PHARMACISTS ASSOCIATION

ELECTRONIC NEWSLETTER 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)

PUBLICATION	Ad Size	Insertion Dates	Special Pricing, if Applicable	Total to be Billed
<i>New Practitioner Exchange</i>				
<i>MPA E-news</i>				
<i>MSHP Monitor</i>				
<i>Community Connection</i>				
<i>Tech Connect</i>				
<i>The Consultant</i>				

URL: _____

If you're placing a Web site ad or mobile app ad, your artwork can be linked to a Web site page. Please provide the URL above.

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: _____ CVW 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.