



MICHIGAN PHARMACISTS ASSOCIATION

# PRINT 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)

Insertion Dates:     January     April     July     October

ISSUE	Print Ad Size	Print Classified Ad Word Count <i>(\$250 per 500 words)</i>	Special Pricing, if Applicable	Total to be Billed
JANUARY				
APRIL				
JULY				
OCTOBER				

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 45 days in advance of reserved publication date.*