

# Classified Advertising Contract

Date: \_\_\_\_\_

Name of Advertiser: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Send Invoice to: \_\_\_\_\_

Frequency to be Charged: \_\_\_\_ Time(s)

**CLASSIFIED TYPE**    Combination Package    Print Classified    Online Classified    Business Card

## PRICING

For Combination Package: # of characters \_\_\_\_\_ / 200 x \$150 = \$ \_\_\_\_\_

For Print or Online Classified: # of characters \_\_\_\_\_ / 200 x \$100 = \$ \_\_\_\_\_

For Business Card Classified: \_\_\_\_\_ Insertions x \$150 per insertion = \$ \_\_\_\_\_

Special pricing, if applicable: \_\_\_\_\_

*If you would like MPA to price out the ad for you, please send your ad copy to Leah@MichiganPharmacists.org.*

## INSERTION DATES

For *Michigan Pharmacist* —  January    April    July    October

For MPA Web site @ MichiganPharmacists.org — Starting: \_\_\_\_\_ # of weeks: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Authorizing Agent Signature: \_\_\_\_\_

Name, Title and Company: \_\_\_\_\_

**PAYMENT**    Check Enclosed (payable to MPA)    Credit Card

Credit Card Type:    VISA    MasterCard

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Total Amount to be Charged: \_\_\_\_\_

Please send signed contract to *Michigan Pharmacist*, 408 Kalamazoo Plaza, Lansing, MI 48933;  
fax to (517) 484-4893, attention: Advertising; or e-mail to Leah@MichiganPharmacists.org.

*Any change in this contract must be submitted in writing 30 days in advance of ad start or insertion date.*