

Web site 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)

ISSUE	Ad Start Date	Ad End Date	Special Pricing, if Applicable	Total to be Billed
Homepage Billboard \$600/mo., \$6,000/yr.				
<i>E-news Weekly</i> Sponsorship \$300/mo., \$3,000/yr.				
Student Blog Sponsorship \$100/mo., \$1,000/yr.				

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: _____ CVW 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 date.