

LANE COUNTY MEDICAL SOCIETY

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Monthly Newsletter

Advertising Contract

Contract for display advertising in the Lane County Medical Society monthly newsletter 'Of Interest'

Company: _____

Contact: _____

Billing: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Rate per issue: _____

Total # of Ads: _____

(3% discount for annual contract) _____

Total Amount Due \$ _____

2008	2009
<input type="checkbox"/> JAN	<input type="checkbox"/> JAN
<input type="checkbox"/> FEB	<input type="checkbox"/> FEB
<input type="checkbox"/> MAR	<input type="checkbox"/> MAR
<input type="checkbox"/> APR	<input type="checkbox"/> APR
<input type="checkbox"/> MAY	<input type="checkbox"/> MAY
<input type="checkbox"/> JUN	<input type="checkbox"/> JUN
<input type="checkbox"/> JUL	<input type="checkbox"/> JUL
<input type="checkbox"/> AUG	<input type="checkbox"/> AUG
<input type="checkbox"/> SEP	<input type="checkbox"/> SEP
<input type="checkbox"/> OCT	<input type="checkbox"/> OCT
<input type="checkbox"/> NOV	<input type="checkbox"/> NOV
<input type="checkbox"/> DEC	<input type="checkbox"/> DEC

**You will be invoiced, unless you pay
by credit card.**

Size & Cost	
<input type="checkbox"/> 1/4 (7.5"W x 2.5"H)	\$130.00
<input type="checkbox"/> 1/4 (4.75"W x 4.75"H)	\$130.00
<input type="checkbox"/> 1/2 (7.5"W x 5"H)	\$225.00
<input type="checkbox"/> full (7.5"W x 10"H)	\$355.00
<input type="checkbox"/> flyer (8.5"W x 11"H)	\$355.00

Pay by VISA/MC:	
<input type="checkbox"/> VISA	<input type="checkbox"/> M/C

Card Number	
Exp. Date	_____

Signature	

Please select one of the following options for submitting ad copy for publication:

- _____ Preferred option: Press-Optimized PDF or PDF/x1a. Make sure to embed all fonts and turn off subsetting. If you have questions about how to properly set up a PDF for printing, please contact Dan Doerner at TechnaPrint, (541) 344-4062. Please compress your file and email directly to janawaterman@comcast.net and cc: DDoerner@TechnaPrint.com.
- _____ Use previous ad. NO CHANGES

Ad deadline is the 6th of the month preceding publication

Signature _____

Print Name _____

Date _____

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