



Contract

Contact Information

Contact Name: _____ Date: _____

Company Name: _____ Email: _____

Billing Address: _____

Phone: _____ Fax: _____

Authorization Signature for Contract: _____

Email Newsletter Classified Rates (Check one)

1 month (1 insertion, emailed every Thursday)
\$295.00

2 month (2 insertion, emailed every Thursday)
\$530.00

3 month (3 insertion, emailed every Thursday)
\$795.00

Month(s) Classified Ad to Run

Jan Apr July Oct

Feb May Aug Nov

Mar June Sept Dec

Ad Submitted via

Email to fomapr@foma.org
(Put FOMA Newsletter AD in the subject of the email)

Fax to (850)942-7538

Mail contract and ad copy to:
FOMA
2544 Blairstone Pines Drive
Tallahassee, FL 32301

Payment Method

Check MasterCard VISA AMEX

Card: _____

Expiration Date: _____ Sec Code: _____

Name on Card: _____

Signature: _____

By signing this form, you authorize the FOMA to charge your credit card the total amount listed above

Submission

Complete & submit this form to:

Florida Osteopathic medical Assn.
Attn: Jasmine Smith
2544 Blairstone Pines Drive
Tallahassee, FL 32301
Or
Fax to: (850) 942-7538

Your newsletter ad will appear in our weekly FOMA Newswire every Thursday in the month(s) specified.

All advertising is subject to approval by the Florida Osteopathic Medical Association.