Weekly News Spotlight Registration Form

This is your opportunity to get in front of over 1,000 veterinarians when YOU want! Each week the MVMA sends an email to our membership with important information and alerts. That’s 52 opportunities for you to provide content to our members! Have an upcoming product release? Want to highlight a career opening? Have content? This exclusive opportunity is only available to one company each week so act fast.

Pricing: $300 per listing

Please note: Payments must be received before postings are uploaded. The MVMA reserves the right to deny any ad and/or product content. All logos/images must be high resolution jpeg or png
250 Word Limit

Contact Person: ____________________________________________________________

Business Name: ____________________________________________________________

Address: __________________________________________________________________

City: ___________________ State: ___________________ Zip: ___________________

Email: ___________________________________________________________________

Phone: ___________________________________________________________________

Website: __________________________________________________________________

Brief Description of content: ________________________________________________________________________________________________

______________________________________________________________

Please include my content in the following Week(s): ______________________________________

______________________________________________________________

______________________________________________________________

Method of Payment:  □ Check  □ Visa  □ MasterCard  □ Amex

Credit Card: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expires: __ __ / __ __

CVV-Code: __ __ __ __ (last 3 digits in signature box; for Amex, 4 digits above the card number)

Name on Card (printed): __________________________________________________________

Authorized Signature: __________________________________________________________

Billing Address: __________________________________________________________________

City: ___________________ State: ___________________ Zip Code: ___________________