



Advertising Contract

Please use Fillable Form available at www.painmed.org or print to complete this form.

We agree to contract for insertion(s) of _____ page(s) ad at the rate of \$ _____. Rates are based on the current rate card.

B/W 4-Color

Annual Meeting Program Book

AAPM Network-Newsletter

Winter Issue

Spring Issue

Summer Issue

Fall Issue

Classified \$30 Insertion Fee Plus \$15 per line

Healthcare Recruitment Packages

Post a ¼ page B/W recruitment ad in the *AAPM Network Newsletter* and on the AAPM Web site at www.painmed.org.

\$675 AAPM Web site

\$875 AAPM Career Network

Insertion Order # _____

(if applicable)

This contract is authorized by _____

Signature

_____ *Date*

Title

Please use Fillable Form available at www.painmed.org or print to complete this form.

ADVERTISER

Name _____

Title _____

Company _____

Address _____

City/state/zip _____

Phone (____) _____

Fax(____) _____

E-mail _____

ADVERTISING AGENCY

Name _____

Title _____

Company _____

Address _____

City/state/zip _____

Phone (____) _____

Fax(____) _____

E-mail _____

BILLING INFORMATION

Name _____

Title _____

Company _____

Address _____

City/state/zip _____

Phone (____) _____

Fax (____) _____

E-mail _____

Send completed contract to:

AAPM Sales Department

4700 W. Lake Avenue

Glenview, IL 60025-1485

Rose Nowak

847/375-4856, **Fax 847/375-6465**

E-mail: rnowak@connect2amc.com