



Advertising Order Form

Name: _____
Company: _____
Address: _____
City, State Zip: _____ Country _____
Phone: _____ Fax: _____
Email: _____

Type of advertisement to be placed:

NAEMSP® Web Page only - Set-up fee (\$175 Classified/Job Ad – jobs page – \$450 Display Ad – home page) \$ _____
Maintenance fee - Indicate number of months the advertisement should run
____ 1-2 months - \$60 per month \$ _____
____ 3-6 months - \$50 per month \$ _____
____ More than 6 months - \$40 per month \$ _____
Logo - \$50 (one-time fee) \$ _____

NAEMSP® E-News only - Set-up fee (\$175 Classified/Job Ad – \$450 Display Ad) \$ _____
Maintenance fee - Indicate number of months the advertisement should run
____ 1-2 months - \$60 per month \$ _____
____ 3-6 months - \$50 per month \$ _____
____ More than 6 months - \$40 per month \$ _____
Logo - \$50 (one-time fee) \$ _____

NAEMSP® EMS Fellowship e (\$25) \$ _____

NAEMSP® E-blast (\$1,000) \$ _____
(Graphic-heavy ads should be provided as a jpg; word-heavy ads should be provided in a Word-type format)

Bundle – NAEMSP® E-News (one month) and website (two months) \$ _____
 Classified/Job Ads - - \$350
 Display Ads - \$900

TOTAL \$ _____

Payment Type: Check Visa MasterCard American Express

Credit Card Number: _____ Exp. Date: _____

Name printed on card: _____ CVV: _____

Signature: _____

Please send this form to: **EMAIL: info-NAEMSP@NAEMSP.org**