



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) _____ \$ _____
- 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) _____ \$ _____
- 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-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 _____ \$ _____

TOTAL

\$ _____

Payment Type:

- Check
- Visa
- MasterCard
- American Express

Credit Card Number: _____ Exp. Date: _____

Name printed on card: _____ CVV: _____

Billing Address: _____

Signature: _____

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