



Oregon
Psychological
Association

ADVERTISEMENT CONTRACT

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

TYPE OF AD:

DISPLAY AD

- ¼ PAGE - Vertical (\$75)
- ¼ PAGE- Horizontal (\$75)
- ½ PAGE-VERTICAL (\$150)
- ½ PAGE – HORIZONTAL (\$150)
- FULL PAGE (\$300)

CLASSIFIED AD

_____ NUMBER OF LINES
(\$20 FOR THE FIRST THREE
LINES AND \$5 EACH
ADDITIONAL LINE)

WHAT ISSUE WOULD YOU LIKE TO ADVERTISE IN?:

2012 Issues

- December/January - deadline is December 2
- March/April - deadline is March 2
- May/June - deadline is May 11
- July/August - deadline is July 6
- September/October - deadline is September 7

Artwork has been emailed with this contract

Artwork will be emailed by deadline

AMOUNT ENCLOSED: \$ _____ OR
 PLEASE INVOICE ME

COMPLIMENTARY
CLASSIFIED FOR OPA
MEMBERS (UP TO 8 LINES)

IF PAYING BY CREDIT CARD, WE NEED THE CREDIT CARD BILLING ADDRESS TO BE ABLE TO PROCESS.

CREDIT CARD PAYMENTS: VISA___ MASTERCARD___ AMERICAN EXPRESS___

AMOUNT AUTHORIZED: \$ _____

CARD NUMBER: _____ EXP.DATE: _____

CARDHOLDER NAME: _____

SIGNATURE: _____

ADDRESS CREDIT CARD STATEMENT IS MAILED TO: _____

CITY: _____ STATE: _____ ZIP: _____

I HAVE READ AND UNDERSTAND THE ADVERTISING GUIDELINES OF OPA.

SIGNATURE: _____ DATE: _____