



EXHIBITOR INSERTION ORDER 2013-2014

Name _____
 Company Name _____
 Mailing Address _____
 City, ST Zip _____

Contact Info:
 Phone _____ Fax _____
 email _____
 Mobile _____

Brief description of your company's product / service:

Primary Exhibitor Rep [] same as above
 Name & Title _____

Contact Info: [] same as above

Website URL: _____

RATE CARD: Date Period: _____

	Monthly	1 year	2 year	3 year
[] Event Sponsorship	NOT APPLICABLE			
[] Website	\$100	\$300	\$500	\$650
[] Newsletter	\$100	\$300	\$500	\$650
[] Newsletter AND Website	\$175	\$500	\$900	\$1100
Special Instruction	SPECIFICATIONS Rectangle Banner <i>(sub pages only)</i> • 180 x 150 pixels • JPG, GIF or Flash/SWF* accepted • Max file size 100 KB Horizontal Banner • 490 x 80 pixels • JPG, GIF or Flash/SWF* accepted			

1. Acceptance of advertising by the San Mateo County Pharmacists Association in no way constitutes approval or endorsement of products of services advertised, and is subject to the publisher's approval and to agreement by the advertiser to indemnify and protect the publisher from loss or expense or claims or suits based on the contents of such advertisements. This includes suits for libel, plagiarism, copyright infringement, and unauthorized use of a person's name or photograph. The publisher reserves the right to revise any and all copy that may be deemed objectionable.

2. The publisher will accept written notice of cancellation within twenty-one (21) days after submission of a signed insertion order (unless received at time of directory layout.) Cancellation of any portion of a contract voids all rate and position protection.

3. Ad placement is accepted on a space-available basis.

4. All regulations printed on this insertion order are accepted as part of this contract. It is understood and agreed that the publisher is not bound by any verbal agreement not specifically stated in this agreement. Advertiser agrees that the publisher's maximum liability shall be the amount paid by the advertiser to the publisher.

5. I authorize the San Mateo County Pharmacists Association to assist with artwork preparation, if necessary, as per copy regulations on the rate sheet of this contract.

My signature authorizes this contract, thereby agreeing to the terms and conditions of this contract:

Make payment to **SAN MATEO COUNTY PHARMACISTS ASSOCIATION**

[] Check attached [] MasterCard [] Visa **Amt \$** _____
 Card # _____
 Exp Date _____ CVV _____
 Billing Address: _____

Name on Card _____
 Signature _____