

# FOMA

## Weekly Email Newsletter Advertising



### Contract

#### Contact Information

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorization Signature for Contract: \_\_\_\_\_

#### Email Newsletter Advertising Rates (check one)

1 month (4 insertions; emailed every Thursday)  
\$295.00

2 months (8 insertions; emailed every Thursday)  
\$530.00

3 months (12 insertions; emailed every Thursday)  
\$795.00

#### Month(s) Newsletter Ad to Run

Jan  Apr  July  Oct

Feb  May  Aug  Nov

Mar  June  Sept  Dec

#### Ad Submitted via

Email to [fomapr@foma.org](mailto:fomapr@foma.org)  
(Put FOMA Newsletter AD in the subject of the email)

Fax to (850) 942-7538

Mail contract and ad copy to:  
FOMA  
2544 Blairstone Pines Drive  
Tallahassee, FL 32301

#### Payment Method

\$\_\_\_\_\_ charge per month x \_\_\_\_\_ months = \$\_\_\_\_\_ Total

Check  MC  VISA  AMEX

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security ID # (3-4 digits): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_  
(By signing this form, you authorize the FOMA to charge your credit card the total amount listed above.)

#### Submission

Complete and Submit this form to:

Florida Osteopathic Medical Assn.  
Attn: Rebecca Roberts  
2544 Blairstone Pines Drive  
Tallahassee, FL 32301

or

Fax to: (850) 942-7538

Your newsletter ad will appear in our weekly FOMA Newswire every Thursday in the month(s) specified.

All advertising is subject to approval by the Florida Osteopathic Medical Association.

**Questions? Call Rebecca Roberts at (850) 878-7364 or email: [fomapr@foma.org](mailto:fomapr@foma.org)**