



TOTA
 TEXAS OCCUPATIONAL
 THERAPY ASSOCIATION, INC.

Revista OT Ad Placement Agreement

1106 Clayton Lane, Suite 516W

Austin, Texas 78723

Phone 512-454-TOTA (8682)

www.tota.org

(Please print or type all information)

Company Name: _____

Direct Company Placement

Ad Agency Placement

Contact Person: _____

Address: _____

Address: _____

Telephone: _____

Email: _____

Inside Front cover (7-1/2" w x 10" h) \$625.

Inside Back Cover (7-1/2" w x 10" h) \$550.

Full Page- \$500.

Outside Back Cover (7-1/2" w x 5" h) \$350.

Half-page horiz. (7-1/2" w x 5" h) \$250.

Half-page vert.(3-3/4" w x 10" h) \$250.

Quarter page (3-1/2" w x 4-1/2" h) \$125.

Bus. Card (3-1/2" w x 2" h) \$75.

Issues for ad placement

OT Month (closes March 1)

Conference Issue (closes July 1)

Conference Recap Issue (closes December 1)

ALL THREE ISSUES – Advertise with TOTA year round

Please supply ads in high res jpeg, tiff or pdf (all fonts converted to art) format.

Payment

Check # _____ Please send to TOTA Mailing Address below

Master Card Visa

Card Number: _____ Expiration Date: _____

Amount: _____ 3 Digit Security Code on card back: _____

Cardholder's Signature: _____

Cardholder's name exactly as it appears on credit card: _____

Cardholder's Billing Zip _____

TOTA reserves the right to prohibit any advertising deemed to be of inappropriate content. The advertiser agrees to hold TOTA harmless from and against any and all claims, causes of action, judgments, liabilities, damages, losses, costs and expenses, including reasonable attorneys fees arising as a result of the advertising placed. There are no refunds on ads.

**Mail this form with payment to:
 TOTA, Inc., 1106 Clayton Lane, Suite 516W, Austin, Texas 78723**

FOR OFFICE USE ONLY

Amount \$ _____ Date Received _____ Paid by _____

Check Number _____ Credit Approval # _____