

Revista OT Ad Placement Agreement

1106 Clayton Lane, Suite 516W Austin, Texas 78723 Phone 512-454-TOTA (8682)

www.tota.org

Company Name:	,	***************************************	iota.org	1 Hone 312-434-101A (8082)
□ Direct Company Placement □ Ad Agency Placement Contact Person: Address: Address: Address: Felephone: 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) \$350. □ 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: □ Cardholder's Signature: □ Cardholder's Signature: □ Cardholder's Signature: □ Cardholder's Signature: □ 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:	(Please print or type all information)			
Address:	Company Name:			
Address: Address:	☐ Direct Company Placement	☐ Ad Agency Placer	nent	
Address: Gelephone:	Contact Person:			
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Master Card Visa Card Number:	Payment			
Card Number:	☐ Check # Please send to TOTA N	failing Address below		
Amount:	☐ Master Card ☐ Visa			
Cardholder's Signature:Cardholder's name exactly as it appears on credit card:	Card Number:		Expiration Dat	e:
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	harmless from and against any and all claims, cau	ses of action, judgments, liabilities,	, damages, losse	es, costs and expenses,
				3723

FOR OFFICE USE ONLY

 Check Number ______
 Credit Approval # ______

Amount \$ _____ Paid by ___