



Classified Advertising Contract

ADVERTISER INFORMATION

Company Name: _____
Contact Person: _____
Address: _____

Telephone: _____ Fax: _____
Email: _____

ADVERTISEMENT INFORMATION – COVD Journal: *Optometry & Vision Development*

SIZE OF ADVERTISING SPACE (BW ads only) SELECT ONE:

- _____ 1 Column inch = \$60 (40 words maximum)
_____ 2 Column inches = \$110 (80 words maximum)
_____ 3 Column inches = \$160 (120 words maximum)

Ad Deadline to COVD Office:

40-1 – February 1, 2009

40-2 – May 1, 2009

40-3 – August 1, 2009

40-4 – November 1, 2009

PAYMENT INFORMATION

Cost: _____

- Check enclosed *Make checks payable to COVD*
 Charge to credit card MasterCard VISA American Express Discover

Card #: _____ Expiration Date: _____

Billing Address: _____

City, State, Zip: _____

Name on Card: _____

Signature: _____ Security Code: _____

Advertiser's Signature

Date

Advertisements may not be placed by telephone. Advertisements must be submitted by the deadline dates listed above. Advertising Contract and payment must be received at COVD office prior to Classified Ad placement. All advertising copy must be submitted by email to jcencer@covd.org. Subject line on email must read Classified Ad and volume/deadline date for submission.

215 West Garfield Road, Suite 200 • Aurora, OH 44202

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