



WEBSITE ADVERTISING INSERTION ORDER

ORGANIZATION INFORMATION:

Company: _____

Contact Person: _____

Phone: _____ Email: _____

Website Address for Insertion: _____

ADVERTISING INFORMATION:

Please place our advertisement in the bottom homepage slider of the FAPA website for _____ months beginning with the month of _____ and concluding with the month of _____.
Minimum 3-month insertion. Graphic Specs: Height = 140px, Max Length = 400px

I agree to pay the amount of \$ _____ for a _____ month advertisement at \$500/3-month insertion, plus \$200/1-month insertion thereafter.

Please place our advertisement in the [CME Opportunities](#) section of the FAPA website for _____ months beginning with the month of _____ and concluding with the month of _____ of _____.

I agree to pay the amount of \$ _____ for a _____ month advertisement at \$100/1-month insertion.

[Example: CME Opportunities](#)

Total Enclosed: \$ _____

BILLING INFORMATION:

Check Enclosed MasterCard VISA American Express

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ CVV: _____

Cardholder's Signature: _____

I have reviewed all items above and agree to the conditions of this advertising placement.

Signature: _____

Authorized by (Agency and/or Advertiser): _____ Date: _____

Email, mail, or fax this form with payment to:
FAPA Headquarters, 222 s Westmonte Dr, Ste 111, Altamonte Springs, FL 32714
Email: fapa@fapaonline.org RE: Website Insertion Order Form | Fax: 407-774-6440

For additional information, contact Kathy Thompson at 407-774-7880 or kthompson@kmgnet.com.
Please submit graphics as .jpg or .png files.