International Association of Yoga Therapists

Digital Advertising Insertion

January 2021

Your Initials & Date: _______ / _______

To advertise digitally on the IAYT e-news, yogatherapy.health e-news and/or yogatherapy.health website, the International Journal of Yoga Therapy (IJYT) online, and Yoga Therapy Today (YTT) online, please complete this form in its entirety. This contract must be received and approved before your ad is placed in the desired print publication(s) and/or digital media. You may return the contract to Abhaya Geyer by email (ageyer@iayt.org) or fax (702.341.7335).

Name of IAYT member (if a nonmember, name of advertiser or person submitting ad):
_________________________________________________________________________

Name of main contact (for questions about billing, ad contract, ad, etc.):
_________________________________________________________________________

Company advertising: ____________________________

Street/PO Box: ____________________________________ Phone: ________________ Fax: __________________________

City: ________________ State/Prov.: _____ Zip: __________ Country: ________________

Email Address(es): ___________________________________________________________

IAYT e-news BANNER AD (month desired) _______________________________________

yogatherapy.health e-news BANNER AD (month desired) ____________________________

yogatherapy.health website AD (month desired) _________________________________

IJYT online AD (month desired) ______________________________

YTT online AD (month desired) __________________________

URL for digital ads: __________________________________________________________

Advertiser’s Signature: ______________________________________________________

This agreement is binding and your payment is nonrefundable.

Payment by Credit Card
Please print and fill out in full including dollar amount.
This contract will be returned if not filled out in full.

Name on Card: ____________________________________________ Amount: ________________

Card Number: ____________________________ Exp. Date: ________________

Address for Card: __________________________________________

Verification Code Visa/MC (3-digit code at end of signature tape on back of card): __________
Verification Code AmEx (4-digit code printed on front right of card): __________

Payment by Check
Payments made by check should be mailed to: Debra Krajewski, IAYT, PO Box 251563, Little Rock, AR 72225
Payment MUST be received by advertising deadline date in order for ad to be placed in desired publication(s).