

## RPA News Advertising Reservation Form

Advertiser: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Bill to: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issue(s): (Circle)

January      May      September      November

Ad Size: (Circle)

Center Spread    Cover 4    Full Page    Half Page    Quarter Page

Ad Rates: (Refer to RPA News Advertising Rate Card)

Ad Frequency: (Circle)

1 Issue      2 Issues      4 Issues

Payment:

Amount enclosed \_\_\_\_\_

Check made payable to Renal Physicians Association

VISA       MasterCard       American Express       Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Terms: Please refer to RPA Advertising Policy.

To order please mail or fax order form to:

RPA Advertising  
1700 Rockville Pike, Suite 220  
Rockville, MD 20852-9485  
Fax: 301-468-3511

