RPA Website Advertising Reservation Form

Advertiser: ________________________________________________________________
Contact Person: ____________________________________________________________
Phone: __________________ Fax: ___________________ Email: ____________________
Bill to: __________________________________________________________________
Billing Address: _____________________________________________________________
City/State/Zip: __________________________________________________________________
Signature: ___________________________ Date: __________________

Month(s): (Circle)

January     February     March     April     May     June
July     August     September     October     November     December

Ad duration times: (Circle)

5 seconds    10 seconds    15 seconds

Ad Rates: (Refer to RPA Website advertising rates)

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 Website 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