

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

