



# Michigan Optometric Association 2009 Classified Advertising Agreement

Company:		
Contact Person:	Title:	
Address:		
Phone:	City/State:	Zip:
Email Address:		
Authorized Signature:		

### Advertising Options:

- Classified Ad in *The Michigan Optometrist* and posted on the MOA web site**

Member Rates:  \$50 Per Ad - *One issue*  \$40 Per Ad - *Multiple issues*

Non Member Rates:  \$75 Per Ad - *One issue*  \$65 Per Ad - *Multiple issues*

(Please choose the issue or issues that your classified ad should be placed)

Jan/Feb  Mar/Apr  May/June  July/Aug  Sept/Oct  Nov/Dec

- MOA Web Site Only - Classified Ad will be posted for 30 days**

Member Rate:  \$30

Non Member Rate:  \$50

(Please choose the month(s) that your classified ad should be placed)

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

**Total Sponsorship** \$ \_\_\_\_\_

### Payment Information

Check enclosed (make check payable to the Michigan Optometric Association)

Credit Card (Visa/Mastercard only)

Cardholders Name:
Card Number:        -        -        -
Exp. Date:        ____/____

<b>Credit Card Billing Address:</b>		
<b>Company:</b>		
<b>Cardholder's Name:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>City/State:</b>	<b>Zip:</b>
<b>Authorized Signature:</b>		

**Publication and Closing Date**

**Dates of Issues:** January, March, May, July, September and November.

Final closing date: 25<sup>th</sup> of the month preceding month of publication.

If new copy is not furnished by closing date, the previous advertisement may be inserted.

**PLEASE RETURN COPY OF THIS FORM TO:** Michigan Optometric Association,  
530 W. Ionia St., Ste. A, Lansing, MI 48933-1062 or fax: 517 482-1611

**QUESTIONS?** Call: 517.482.0616 or email: [carrie@themoa.org](mailto:carrie@themoa.org)

**THANK YOU FOR ADVERTISING WITH  
THE MICHIGAN OPTOMETRIC ASSOCIATION!**