Advertising Order Form

SIGNATURE (Required for credit card payment and processing)



American Academy of Physical Medicine and Rehabilitation

Company Information (PLEASE PRINT THROUGHOUT)			Advertising Agency Information (IF APPLICABLE)		
CONTACT NAME			CONTACT NAME		
COMPANY NAME			COMPANY NAME		
MAILING ADDRESS/BILLING ADDRESS P.O. BOX NUMBER (IF APPLICABLE			MAILING ADDRESS/BILLING ADDRESS P.O. BOX NUMBER (IF APPLICABLE)		
CITY, STATE OR PROVINCE, ZIP OR POSTAL CODE		CITY,	STATE OR PROVINCE/ZIP OR PO	OSTAL CODE	
PHONE FAX		PHON	ONE FAX		
EMAIL		EMAIL	-		
Digital Advertising Opportunities	Print Adve			Annual Assembl	y Publications
BSITE BANNER ADS: FULL-PAGE (9" w x 12"h ndle descriptions on page 3) \$2,800 Color/B&W			" bleed)	A LA CARTE OPTIONS (See pricing on page 9.) (All full pages ads are 8 1/2" w x 11" h + 1/8" bleed.)	
☐ Bundle 1: \$1,975☐ Bundle 3: \$3,850☐ Bundle 2: \$2,750☐ Bundle 4: \$8,500		(designed ads only,* see below for pricing)			
Preferred Start Date(Note: This process takes a minimum of 5 business days)	your display ad and se			PRELIMINARY PROGRAM (Please complete by 4/3/23	OFFICIAL PROGRAM (Please complete by 8/1/23
Annual Assembly Site ads: \$4,200 Preferred Start Date (Note: This process takes a minimum of 5 business days)	DISPLAY AD SIZE A 8"w x 41/8"h	DISPLAY AD SIZE B 37/8" w x 41/8" h	DISPLAY AD SIZE C 37/8" w x 21/8" h) \$870	AD SIZE FULL PAGE INSIDE FRONT COVER	AD SIZE FULL PAGE INSIDE FRONT COVER
☐ Connection—Standard ad: \$2,075/issue☐ Connection Sponsored Content ad: \$2,600/issue☐				☐ INSIDE BACK COVER ☐ BACK COVER ☐ COVER TIP	☐ INSIDE BACK COVER☐ BACK COVER☐ COVER TIP
☐ Resident e-newsletter: \$3,120/issue ☐ Annual Assembly e-newsletter: \$2,750/issue	Checkmark ad size above, in either black and white or four-color (check one box).			PACKAGE OPTIONS	
Specify which Issue URL address if you want the ad linked to the	CLASSIFIED (Employment Ads \$500 per 100 word insertion (\$2 for e		Trommary and omolar riogram.		
company's website: RETARGETED DIGITAL ADVERTISING All campaigns are based on impressions, so the duration of the campaigns may vary. 15,000 impressions: \$5,000 25,000 impressions: \$7,500 50,000 impressions (recommended for Annual Assembly campaigns): \$15,000	ISSUE SELECTION		AD SIZE INSIDE FRONT COVER INSIDE BACK COVER BACK COVER COVER TIP	X 11 11 7,5 25554)	
TOTAL \$,		MAIL or FAX APPI AAPM&R Advertisi P.O. Box 95528 Chicago, IL 60694	· ·	7) 563-4191
□ Enclosed is check # made payable □ Charge to the following: □ AMEX □ MASTERO Card No. □ Expiration □ / □ Date		DISCOVER	AAPM&R values y to meet your med AAPM&R can fit i on AAPM&R webs	your advertising business and will lia objectives. For detailed informators your marketing plans or for mate advertising, contact: AAPM&1737-6000 or email corporatesupp	ation how the lore information R Corporate
By signing below, I accept the charges I have indicated on this form and agree to the advertising policies and principles outlined. CARDHOLDER'S NAME (Please print name as it appears on card)			CANCELLATION POLICY Cancellations must be received in writing 7 days prior to run date. All cancellations will be subject to a 20% administrative fee. Refunds will not be given once the campaign is initiated.		

NOTE: All cancellations must be made in writing.

DATE