



2017 ADVERTISING AGREEMENT

Print/Online Classified Ads

ADVERTISER INFORMATION

Advertising Company _____ Date Submitted: _____

Main Contact _____ Member Name (if applicable) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ E-Mail _____

PRINT/ONLINE ADVERTISEMENT REQUEST

OVMA Member: \$2 per word Non-Member: \$4 per word

Please mark the issue(s) in which you would like to print your ad. Ad submissions are due by the first of the preceding month.

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

CLASSIFIED ADVERTISEMENT TEXT

Please type or print clearly using dark ink; use an additional page if needed. Be sure to include your preferred contact information. The first few words of the ad will be printed in bold/all caps.

Ad Type: Associate Veterinarian Relief Veterinarian Faculty Technician/Staff For Sale Other _____

Text: _____

CLASSIFIED ADVERTISEMENT TERMS

- All classifieds must be accompanied by an advertising agreement and payment information in order to be posted.
- Advertising requests may also be submitted online at www.ohiovma.org/advertising. You need not complete a paper form if you submit online.
- All classified advertising is subject to OVMA review and approval prior to placement. OVMA reserves the right to modify your submission if required for readability.
- Ads will be posted online within two business days of submission and printed in the next issue of *The Observer* unless otherwise specified.
- Please be aware that there may be discrepancies across different word count tools, which could affect your total amount due. OVMA uses Microsoft Word to obtain word counts.
- The above advertising costs include placement of your ad in the OVMA's online classified section for 60 days AND in one issue of *The Observer* (unless denoted otherwise above). If you would like to place an online-only ad, please use the online-only advertising agreement.

PAYMENT INFORMATION

Please invoice after publication. (Option available to OVMA Members only.)

Please charge the following credit card: Visa Mastercard Discover American Express

Card No. _____ Expiration Date: _____

Cardholder Name _____ CVV _____

Signature _____ Total amount due: \$ _____

Please do not include credit card information if submitting this form by email. To ensure security, this information should only be sent via regular mail, fax, or over the phone.

REV. 7/17

PLEASE RETURN COMPLETED FORM:

By mail: OVMA, 1472 Manning Pkwy, Powell, Ohio 43065
By fax: 614.436.1301 By e-mail: ohiovma@ohiovma.org

Questions? Call us at 800.662.6862
or e-mail ohiovma@ohiovma.org