

Order Form

The Pain Practitioner – Advertising

Name of Organization _____

Company Representative _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Ad Size	Total \$
Full Page	
1/2 Page	
1/4 Page	
Back Cover	
Inside Front	
Inside Back	
Page 3	
Resource Directory	
Inserts	
Classified Ad	
Website Ad	
Website—additional 30 days	

Ad Frequency	
1 time	
2 times	
3 times	
4 times	

Issue _____

Spring Summer
 Fall Winter

Year _____

Payment

Enclosed is my check or money order payable to AAPM (US funds only)

Please charge to: Visa MasterCard

Total _____

Card# - - - Expiration Date _____

Signature _____ Date _____

