

# 2017 Illinois Family Physician Advertising Contract

Please return this completed form to:  
Ginnie Flynn, Vice President of Communications  
FAX: 630-559-0739; E-MAIL: [gflynn@iafp.com](mailto:gflynn@iafp.com)

Display ads must be submitted as PDF files e-mailed to Ginnie Flynn at [gflynn@iafp.com](mailto:gflynn@iafp.com)

## CONTACT INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Materials Contact (if different) Name \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

## ABOUT YOUR AD

Issue(s) Total \_\_\_\_\_  Ann Report\*  June  August\*  November  
*\*Printed and Mailed issues*

Ad Size: \_\_\_\_\_ Full page \_\_\_\_\_ Half page \_\_\_\_\_ 1/3 page

Special Requests (positioning/page # - 10% charges apply):

\_\_\_\_\_

**Direct invoice to (Name)** \_\_\_\_\_

Email and mailing address for invoice if different from above:

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ad Cost: TO BE FILLED OUT BY IAFP and returned to you for confirmation

\_\_\_\_\_

IAFP Authorized Signature:

Date: