

2019 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

Display ads must be submitted as PDF files e-mailed to Ginnie Flynn at 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* May August* October
**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: