

Submit this order to the Design Shop for setup and to receive a proof.

Date: _____ Customer name: _____ Date proof is needed: _____

Size(s): 1/8 1/6 1/4 Mini1/2 1/2 Excl Page Full Page Edition(s): PG AA SM MC ARL-Ffx L-WFfx A-S PW

Month/year it will run: Jan/____ Feb/____ Mar/____ Apr/____ May/____ Jun/____ Jul/____ Aug/____ Sep/____ Oct/____ Nov/____ Dec/____

Fax Proof of ad to the attention of: _____ Fax #: _____

Top _____

1/8 page _____

1/6 page _____

1/4 page _____

SHOW:

HEADLINE

GRAPHICS
PLACEMENT

MESSAGE

OFFER

CALL-TO-ACTION

ADDRESS,
LOCATION(s),
ETC.

(Use back of this
form for more
space)

FREE LISTING IN HEALTH PROFESSIONALS DIRECTORY:
Each Health Professional Customer Receives a (3) line listing
in the Directory of Health Professionals under (1) heading.
Please indicate the heading desired and the exact verbiage :

HEADING: _____

Line 1: _____

Line 2: _____

Line 3: _____

Use the other side of this form to show layout of larger ads.