

The ORTHOPOD ADVERTISING ORDER

Today's Date	
,	

	Reques	sted Display	/ Mont	h(s):				
☐ March Issue		☐ July Issue ☐			1 December Issue			
Insertion Order Deadline for e	each month is t	he FIRST DAY O	F THE MC	NTH PRIOR	TO THE DIS	SPLAY MONTH.		
		- PLEASE PRINT	· -					
Advertiser:	Product/Service:							
Billing Client:	Contact Person:							
Billing Address:								
City/State/Zip:	Email Address:							
Phone:	Fax:							
Headline:								
Hyperlink requested:								
Banner Ad - Home Page		1x = \$400 each		2x = \$350 e				
Banner Ad - Inside Pag	es 🗆	1x = \$250 each		2x = \$200 e	ach \Box	3x = \$150 each		
Advertising and position requests will Upon rece		first-come, first-s ders will be review						
P.O. / Insertion Number: Special Instructions:						Payment is due with orde		
Authorized Signature:								
Method of Payment:	Check \Box	VISA	☐ Mas	terCard		American Express		
Card No:		Exp. DateCVV Security Code*						
Signature		_ Printed Nar	ne on Ca	rd				
*CVV code is the three digit number on the number.	back of VISA	or MC or 4 digi	t number	on the front o	of AMEX ca	ard above the account		

If paying by check, please make checks payable to **AOAO** and mail to: **AOAO** National Headquarters • 2209 Dickens Road • Richmond, VA 23230-2005 Phone (800) 741-2626 • Fax form to: (804) 282-0090 • Email: ray@societyhq.com