



2017 ADVERTISING AGREEMENT

Online-Only Classified Ads

ADVERTISER INFORMATION

Advertising Company _____ Date Submitted: _____

Main Contact _____ Member Name (if applicable) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ E-Mail _____

ONLINE ADVERTISEMENT REQUEST

OVMA Member: \$1 per word for 2 months

Non-Member: \$2 per word for 2 months

Ad duration:

- 2 months (default)
- Other: _____ months (Please specify in increments of 2 months)

Ad duration:

- 2 months (default)
- Other: _____ months (Please specify in increments of 2 months)

CLASSIFIED ADVERTISEMENT TEXT

Please type or print clearly using dark ink; use an additional page if needed. If you would like to use a specific title/headline, please denote it below; otherwise, we will write one for you based on the content. Be sure to include your preferred contact information.

Ad Type: Associate Veterinarian Relief Veterinarian Faculty Technician/Staff For Sale Other _____

Headline (optional; is not included in word count): _____

Text: _____

CLASSIFIED ADVERTISEMENT TERMS

- All classifieds must be accompanied by an advertising agreement and payment information in order to be posted.
- Advertising requests may also be submitted online at www.ohiovma.org/advertising. You need not complete a paper form if you submit online.
- All classified advertising is subject to OVMA review and approval prior to placement. OVMA reserves the right to modify your submission if required for readability.
- Ads will be posted within two business days unless otherwise specified.
- Please be aware that there may be discrepancies across different word count tools. OVMA uses Microsoft Word to obtain word counts.
- The above advertising costs include placement of your ad in the OVMA's online classified section ONLY; they will not be printed in *The Observer*. If you would like your ad to be printed as well, please use the print/online advertising agreement instead.

PAYMENT INFORMATION

Please send me an invoice. (Option available to OVMA Members only.)

Please charge the following credit card: Visa Mastercard Discover American Express

Card No. _____ Expiration Date: _____

Cardholder Name _____ CVV _____

Signature _____ Total amount due: \$ _____

Please do not include credit card information if submitting this form by email. To ensure security, this information should only be sent via regular mail, fax, or over the phone.

REV. 7/17

PLEASE RETURN COMPLETED FORM:

By mail: OVMA, 1472 Manning Pkwy, Powell, Ohio 43065
By fax: 614.436.1301 By e-mail: ohiovma@ohiovma.org

Questions? Call us at 800.662.6862
or e-mail ohiovma@ohiovma.org