



**Florida Obstetric and Gynecologic Society
Advertising Agreement and Payment Information**

Date _____

Advertiser (Company Name) _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: _____

Printed Name: _____

Frequency:

__1X __2X __4X

Insertion Schedule:

__Winter __Spring __Summer __Fall

Space Size:

__Center __Full __1/2 __1/4

Total: \$ _____

Frequency of Ad	1X	2X	4X
Center Spread	\$1000	\$900	\$850
Full Page	\$650	\$600	\$575
Half Page	\$575	\$500	\$475
Quarter Page	\$350	\$300	\$275

PAYMENT

(Please make checks payable to Florida Obstetric and Gynecologic Society)

TOTAL: \$ _____

Method: Check VISA MasterCard Amex

Account # _____ Expiration Date _____

Cardholder's Name _____

Signature _____

Send copy with payment to:

**Lori Clawges, Director of Communications
FOGS**

**8833 Perimeter Park Blvd. #301
Jacksonville, FL 32216**

**For further information please contact the FOGS office
904.998.0853 Fax 904.998.0855**