JOURNAL OF THE
National Medical Association

Advertising Order Form

Advertisement cannot be published until this form is completed. Fax completed form to **(202) 371-1162**. E-mail your ad to **ktaylor@nmanet.org**. Please see rate card for rates.

AD INFORMATION

Client name (If you are an ad agency): _____

First few words of ad: _____

PO/IO (If applicable): _____ Issue Month(s): _____

Ad Page Size: ☐ 1/4 ☐ 1/2 ☐ Full Page

Color: ☐ Yes ☐ No

Net Cost: _____ **Gross Cost (If you are an ad agency):** _____

BILLING INFORMATION

Contact Name: _____

Company: _____

Billing Street Address: _____

_____

City, State, ZIP Code: _____

Telephone: ( ) _____ **Fax:** ( ) _____

E-mail: _____@_____

Payment: ☐ Invoice me ☐ Charge my credit card

Credit Card number (If applicable): _____

Credit Card Expiration: / /

ORDER ACKNOWLEDGEMENT

Client (Print): _____

Client (Sign): _____

Date Signed: / /

THANKS FOR YOUR INTEREST IN JNMA AND INCREASING THE DIVERSITY OF YOUR WORKFORCE!