

**TRAVIS COUNTY MEDICAL SOCIETY
Journal Classified Advertising Contract**

CLASSIFIED

Jeff Norton, Travis County Medical Society
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Date: _____ **Account #:** _____

Company Name: _____

Contact Name: _____

Address: _____

Telephone #: _____ **Fax #:** _____

Ad Category: Office space Opportunities Services
 Merchandise For Sale Miscellaneous

Ad Issues : Jan/Feb _____ Mar/Apr _____ May/Jun _____
 (Fill in year) Jul/Aug _____ Sep/Oct _____ Nov/Dec _____

TOTAL DUE: \$ _____ words @ \$ _____ per word.

\$10 minimum charge per ad \$.40 a word for TCMS members \$.60 a word for all others

Payment Terms: Date paid in full: _____ Amount: \$ _____ Check# _____

Use lines below to print ad exactly as it should appear. PLEASE PRINT CLEARLY:

Contract will be binding upon signature of advertiser and TCMS representatives.

Advertiser: _____ **DATE:** _____

TCMS Representative: _____ **DATE:** _____

Accounting Department: _____ **DATE:** _____

Sign Here

- TERMS AND CONDITIONS**
1. Payment must be received no later than the tenth day of the month prior to publication.
Please remit payment to: Travis County Medical Society, PO Box 142531, Austin, TX 78714-2531.
 2. Deadline for publication is the first of the month prior to publication.
 3. Changes must be made in writing and are accepted until the tenth of the month prior to publication.
 4. Cancellation of contract must be submitted in writing and received no later than the first of the month prior to publication.
 5. By accepting this contract, the advertiser agrees to pay for all advertising published in accordance with the contract terms.
 6. This contract is to be signed by the advertiser and returned to the Travis County Medical Society for final approval.