

TRAVIS COUNTY MEDICAL SOCIETY
Journal Classified Advertising Contract

CLASSIFIED

Ron Mize, Travis County Medical Society
Phone: (512) 206-1245 Fax: (512) 450-1326
e-mail: rmize@tcms.com

Date: _____

Account #: _____

Company Name: _____

Contact Name: _____

Address: _____

Telephone #: _____

Fax #: _____

Ad Category: () Office space () Opportunities () Services () Merchandise () For Sale () Miscellaneous

Ad Issues : () Jan/Feb 200_ () Mar/Apr 20_ () May/June 20_ () Jul/Aug 20_ () Sep/Oct 20_
() Nov/Dec 20_

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 space below to print or type ad text exactly as it should appear or send a Word document along with contract as an attachment. PLEASE PRINT CLEARLY.

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

Advertiser: _____

DATE: _____

TCMS Representative: _____

DATE: _____

Accounting Department: _____

DATE: _____

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.