



# 2018 Classified Advertising Contract

**Chantel Pearson**  
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Cell: 806-640-4553  
Fax: 512-450-1326

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\$25.00 minimum charge per Classified ad. \$.50 a word for TCMS members. \$.75 a word for others.

**Category:** ( ) Office Space ( ) Opportunities ( ) Services ( ) Merchandise ( ) For Sale ( ) Miscellaneous

**Issues:** ( ) Jan/Feb ( ) March/April ( ) May/June ( ) July/Aug ( ) Sept/Oct ( ) Nov/Dec

Number of words x \$\_\_\_\_\_ per word

Total Due: \$\_\_\_\_\_

**BUSINESS CARD AD to appear on classified ad page:**

**Specs:** Hi-resolution PDF. Horizontal format 2" x 3"

- ( ) Black & White **\$200.00**
- ( ) Color **\$250.00**

Total Due: \$\_\_\_\_\_

Email a Word document along with the completed contract or use the space below to print or type ad text exactly as it should appear. PLEASE PRINT CLEARLY.

Advertiser: \_\_\_\_\_ Date: \_\_\_\_\_

TCMS Representative: \_\_\_\_\_ 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, 4300 North Lamar Blvd. Austin, TX 78756.
2. Deadline for publication is the 15th 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.