Print Form

Advertising Agreement

Due to the demand for our priority pages, the Society requires a signed confirmation for all advertising placements. To guarantee your rate and placement, please take a moment to sign and return this confirmation by fax to +1 847 493-6417.

Date: _____

Fax*: _____ Phone: _____

Company Name: _____

Address: _____

Authorized Contact: _____

*By including your fax number above and signing below, you give consent to receive faxes by SCCM.

Signature _____ Date _____

Publication: _____

Publication Date(s): January 2012

Color: _____ Special Instructions: _____

Ad Size/Type: _____

Cost: _____

Please sign this fax letter as acknowledgement and fax it back to our office at +1 847 493-6417. Your ad cannot run until this insertion order is received in our office.

Sincerely,

Desiree Ng
Industry Relations Manager

Advertiser's Signature_____

Printed Name_____