



Advertising Reservation Form

Company

Address

City, St., Zip

Phone

E-mail

URL

Web site Advertising

Newsletter Advertising

Logo and link to company site (Quarterly Fee)

ASTA Advocate

Member \$300

Member 1 time \$100 6 times \$500+ 12 times \$900

Non member \$2,100

Non member 1 time \$1,900 6 times \$2,300+ 12 times \$2,700

Logo, description, link to company site (Quarterly Fee)

FYI ASTA

Member \$600

Member 1 time \$100 6 times \$500+ 12 times \$900

Non member \$2,400

Non member 1 time \$1,900 6 times \$2,300+ 12 times \$2,700

Banner ad and link to company site (Quarterly Fee)

Member \$900

Non member \$2,700

Web site advertising total \$ _____

Newsletter advertising total \$ _____

Total due \$ _____

Payment Information

Check enclosed for total payment of \$ _____ Check Number _____ Date _____

I authorize ASTA to charge my credit card in the amount of \$ _____ as follows:

____ VISA ____ MasterCard ____ American Express ____ Account # _____

Name on Card _____ Expiration Date (MM/YY) _____

Billing Address of Card Holder _____

City _____ State _____ ZIP _____

Signature _____

I understand my billing statement will read "ASTA"

Please fax credit card orders to: (202) 463-5998 or mail order payments to: ASTA, 1101 17th Street NW, Suite 700, Washington, DC 20036

Email form to info@astaspice.org

Not available to process online