

MONTANA CHIROPRACTIC ASSOCIATION REQUEST FOR ADVERTISING

Company Name: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Website: _____

ADVERTISING OPTIONS

Newsletter

Mailed quarterly to approximately 200 chiropractors and posted on MCA website

Submission deadlines: March 1, June 1, September 1, December 1

Please submit pre-sized ads in JPG or PDF format with no crop marks

	Single Ad	Annual Rate Paid in Advance
Full Page, Black & White (7.5" wide X 10" tall)	\$225 <input type="checkbox"/>	\$810 <input type="checkbox"/>
1/2 Page, Black & White (7.5" wide X 4.5" tall)	\$125 <input type="checkbox"/>	\$460 <input type="checkbox"/>
1/4 Page, Black & White (3.5" wide X 4.5" tall)	\$70 <input type="checkbox"/>	\$266 <input type="checkbox"/>

Website

3-month placement on www.mtchiro.org

Classified Listing

MCA
Members

\$0

MCA
Non-Members

\$50

METHOD OF PAYMENT

Check (Please make checks payable to Montana Chiropractic Association.)

Visa MasterCard American Express Discover

Card #: _____ Validation Code: _____ Expires: _____

Cardholder Name (please print): _____

Cardholder's Signature: _____

Cardholder Billing Address: _____

Please return to:

MCA Advertising
c/o Wendy Kujala
36 South Last Chance Gulch, Suite A
Helena, MT 59601

For questions:

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FAX 406.443.4614
E-MAIL wkujala@rmsmanagement.com
WEBSITE www.mtchiro.org