

Healthcare Marketing Report

==== The National Newspaper of Healthcare Marketing ====

HEALTHCARE MARKETING REPORT ADVERTISING CONTRACT

COMPANY _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

Please schedule for the following months, beginning with the month of :

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

AD SIZE: _____

FREQUENCY: _____ RATE: _____

Please send all camera ready material to:

Derek Lok
Healthcare Marketing Report
3180 Presidential Drive
Suite K
Atlanta, GA 30340
770-457-6106

Signature _____

Date _____

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