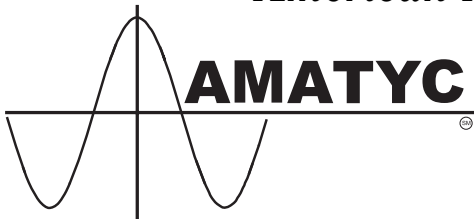


American Mathematical Association of Two-Year Colleges



Web Advertising 2012 Reservation Form

Contact Information

Contact Name Date

Title

Company Name

Street Address

City State Zip

Email Address

(_____) _____ (_____) _____
Phone Fax

Billing Information

Billing Contact Name Date

Title

Company Name

Street Address

City State Zip

Email Address

(_____) _____ (_____) _____
Phone Fax

Web Advertising Rates: Items will be placed online the first day of the month following payment or on the 15th of the month following payment. The minimum contract is for a one-calendar month listing. The listing may be removed before the end of the month, but the minimum charge will still apply.

	Up to 50 Word	51 – 100 Words	101 – 150 Words	151 – 200 Words*
1 Calendar Month	\$120	\$180	\$245	\$300
3 Calendar Months	\$306	\$459	\$625	\$765
6 Calendar Months	\$576	\$864	\$1176	\$1440

***There is an additional charge for over 200 words of \$1.00 per word**

Our company would like to order:
 _____ Calendar months with an ad with _____ number of words.
 Month of _____

Other Instructions: _____

Requirements:

1. Submit this form with the web ad to Louise Olshan, Advertising Chair.
2. The ad should be an established web link or a "copy" for posting.
3. Text needs to be in an electronic format, all graphics must be in jpeg or gif format ready for the web, resolution for all graphics is 72 ppi. A small graphic maximum 1.5" is gratis. No graphic should be more than 2.75".
4. Each commercial link page will carry the statement "AMATYC does not review or endorse the products or services listed here."
5. Payment in full must be received by the AMATYC Office prior to the posting of the ad.

Return this form to:

Louise Olshan, AMATYC Advertising Chair
 County College of Morris
 70 Cookman Ave
 Ocean Grove, NJ 07756-1115
 Phone: (732) 807-3211, Fax: (732) 361-3917
 Email: lolshan@ccm.edu

Send Payment To:

AMATYC
 5983 Macon Cove
 Memphis, TN 38134
 Phone: (901) 333-6243
 Fax: (901) 333-6251

Payment

Check Number: _____

Credit Card: Visa MasterCard
 Discover American Express

Credit Card #: _____

Expiration Date: _____

Signature: _____