



# AAOMPT – HANDS ON ADVERTISING INSERTION ORDER FORM

## Advertiser/Client Info

Company: \_\_\_\_\_

Authorizing Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Authorizing Representative: \_\_\_\_\_

## Please circle the rate appropriate ad size below:

Ad Size	Width (pixels)	Height (pixels)	12 Months	6 Months	3 Months	1 Month
Vertical Ad Box	160	160	\$450	\$250	\$175	\$65

## Design Assistance

If you require ad design assistance, please contact the AAOMPT Office at 225-360-3124 (office@aaompt.org) for rates and further information.

## Payment Method

Check/Money Order (make check payable to AAOMPT)     Visa     MasterCard     American Express

Billing Information:  Same as member information above

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Country: \_\_\_\_\_

Please mail check payments with this completed form to:  
AAOMPT, 8550 United Plaza Blvd, Suite 1001, Baton Rouge, LA 70809