

# ADVERTISING SPACE COMMITMENT

## Cap Scan

Made this \_\_\_\_ day of \_\_\_\_, 2014 by and between Capital Medical Society &

Advertiser Name \_\_\_\_\_

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

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Ad Size \_\_\_\_\_ Color or B&W (circle one) Rate (per issue) \_\_\_\_\_

January \_\_\_\_\_ April \_\_\_\_\_ July \_\_\_\_\_ October \_\_\_\_\_

February \_\_\_\_\_ May \_\_\_\_\_ August \_\_\_\_\_ November \_\_\_\_\_

March \_\_\_\_\_ June \_\_\_\_\_ September \_\_\_\_\_ December \_\_\_\_\_

Agency \_\_\_\_\_

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

City \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby authorizes and directs the Capital Medical Society to publish the advertising specified above and pursuant to terms and conditions set forth.

\_\_\_\_\_  
Authorized Signature/Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Advertising Sales Rep.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Confirmed and accepted by the Capital Medical Society by: \_\_\_\_\_