

2011 CLASSIFIED ADVERTISING REQUEST FORM

CLASSIFIED AD COSTS & INFORMATION

1 Advertising Unit= 2 months on the AB.VMA & AAAHT websites (from date of posting) & the next available issue of the AB.VMA Members Magazine.

Cost by word count:

Under 50 Words \$60.00 per unit
51 - 100 Words \$90.00 per unit
Over 100 Words: \$90.00 + \$0.90 per word for each word over 100.

Additional Options:

Link to your Email address: \$12.00/unit
Link to your Website: \$12.00/unit
Premium High Visibility Ad \$17.00/unit

Classified Ads are limited to 200 Words.

Contact information provided below is for billing only and is NOT published unless specifically included in ad text.

All prices include GST. No refunds on Advertising.

The ABVMA reserves the right to refuse any classified ad.

Place your ad online or fax:

Online: <http://www.abvma.ca/resources/index.htm>

Fax: (780) 484-8311

Choose Advertising Category:

- | | |
|--|--|
| <input type="checkbox"/> Veterinarian Required | <input type="checkbox"/> AHT Required |
| <input type="checkbox"/> Veterinarian Available | <input type="checkbox"/> AHT Available |
| <input type="checkbox"/> Locum Required | <input type="checkbox"/> Other Employment |
| <input type="checkbox"/> Locum Available | <input type="checkbox"/> Practice for Sale |
| <input type="checkbox"/> Equipment for Sale/Wanted | <input type="checkbox"/> Practice Wanted |

-
- Veterinary Student Required
 Veterinary Student Seeking Employment
 AHT Student Required
 AHT Student Seeking Employment

Student Employment Categories are placed on a complimentary basis

but are subject to the 200 word limit:

Circle Number of Advertising Units Required:

1 2 3 4 5 6

Choose Additional Options: Click these if you want your email or website to appear as a link. Email and websites will appear as part of normal ad text only if these options aren't selected.

- Email Link Website Link Premium High Visibility

CONTACT INFORMATION

Practice/Company: _____

Contact Name: _____

Telephone: (_____) _____ - _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Payment Information: (Faxed orders only)

Circle Payment Type: *Visa Mastercard*

Credit Card # _____

Expiry Date: _____ Card Holder Name: _____

Deadlines for inclusion in Members Magazine:

Issue:	Deadline:
Jan/Feb:	Nov 15/10
Mar/Apr:	Feb 1/11
May/June:	Apr 1/11
Jul/Aug:	June 1/11
Sep/Oct:	Aug 1/11
Nov/Dec:	Oct 3/11

Office Use Only

Date Received: _____

WEBSITE ID #: _____

Word Count: _____

Method of Ad Placement: Online / Fax / Other: _____

Date Posted/Updated on WS: _____

Date Cancelled on WS: _____

Magazine Issue Appearance: Jan/Feb Mar/Apr May/June July/Aug Sept/Oct Nov/Dec None

Cost of Ad (GST Inc.) \$ _____ x # of Units _____ = \$ _____

Payment Authorization #: _____