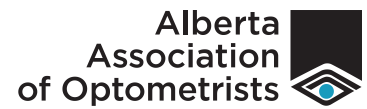


Non-members Advertising Application



SEND COMPLETED FORMS

To	Reception/Administrative Assistant
Fax	780-452-9918
E-mail	alberta.association@optometrists.ab.ca <i>*(Note: you must email the application if you are including pictures)</i>
Mail	#100, 8407 Argyll Road, Edmonton, Alberta, T6C 4B2

Name			
Phone		Fax	
Address			
City		Postal Code	

- Non-Member Health Professional (OMD, MD, Chiropractor, Non-Member OD, etc.)
- Other (ex: Eyeglass Retailers, Opticians, Trade shows, etc.)

Ad Type: Employment (complete information below) Practice/Equipment for Sale Other

Practice Name					
Location					
Position					
Please check all that apply	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Locum <input type="checkbox"/>

Non-Member Health Professionals	50 word article (\$0.50 per extra words)	30 days	\$50
Other	50 word article (\$0.50 per extra words)	30 days	\$80
Phone numbers, email addresses, numbered addresses and postal codes count as one word each.			
Payment is required in advance. (No refunds if you remove the posting before the end of the 30 day period)			
Your ad includes the option of two pictures. Extra pictures to a maximum of 5 are \$3 per picture.			

Ad Title: _____

A maximum of eight words. Does not count towards the ad body word total of 50 words.

Ad Body: PLEASE PRINT CLEARLY. Illegible ads will be returned for clarification. Word Total _____

The AAO reserves the right to determine which ads will appear on its website, the content, and the length of time the ad appears on the site.

Ad Cost		Payment Information	
Subtotal	\$	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Extra Words _____ x \$0.50	\$	Credit Card No	
Extra Pictures _____ x \$3	\$	Name on Card	
GST @ 5%	\$	Expiry Date M o n t h / Y e a r	Security Code
Total	\$	Signature	