Website Advertising Contract

www.imsonline.org Indianapolis Medical Society

Indianapolis Medical Society 631 E. New York St. Indianapolis, IN 46202-3706 Phone: (317) 639-3406

Fax: (317) 262-5609 www.imsonline.org



Advertiser:	Date:	_
Contact:		_
Phone: 1	Fax:	_
Address:		-
City/State/Zip:		_
E-mail:		
Website URL:		-
Size of Ad:		
Design Fee (if applicable): \$(\$75	/hour)	
Display Web Link \$ (one time or	nly)	
Rate: \$	per insertion	
Link Fee (one-time): \$	10 % Non-profit discounts available (IRS verified	d)
Run Dates (start date begins when payment is proce	essed):	_
		_
subject to acceptance by IMS, who reserves the right sponsorship or endorsement by IMS. IMS reserves the rampaign, the advertiser may reserve the right to keep a cany format changes be scheduled. Every effort will be mais not satisfactory, the advertiser has the right to cancel its Board Certification Policy: IMS publishes board certi Association, and Royal College of Surgeons. Physician ABMS-, AOA-, or RCS-approved may use the following Agreement: I understand that by signing this Website Acceptable. I understand that IMS will reserve this advertising	s received by Indianapolis Medical Society within 72 hours of to reject any advertisement and to cancel this agreement, right to change its website format at any time. If a redesign comparable placement with the new format. Advertisers will be adde to keep advertisers satisfied with placement. However, if is website contract with a 30-day notice. Fications approved by the American Board of Medical Special members wishing to designate an area of special interest wording: "Specializing in" divertising Contract, I agree to place the advertisement referred as space on its Website based on my execution of this order for referred to above. I certify that I am authorized to place this or	Advertisements do not implies made during an advertiser's be given a 30-day notice should the new format and placement cialties, American Osteopathic in which their boards are not do in this contract on the IMS orm, and I understand that I an
Payment: Visa, AMEX or MasterCard	Expires	CVS code
Name on card and address on card, if other than advert	iser:	
Advertiser (or agent)	Date	
IMS agent	Date	_