

National Psoriasis Foundation

2008 ADVERTISING ANNUAL AGREEMENT

ADVERTISER (Please complete all of the following):

Company _____

Contact _____ Title _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____ E-mail _____

Please indicate your ad space for each issue of *Psoriasis Advance* for calendar year 2008.

	Full page \$4,000	Patient info page \$2,000	1/2 page \$2,500	1/8 page \$600	Economy \$350	Premium placement + 25% of ad
March/April						
May/June						
Sept/Oct						
Nov/Dec						

Company _____

- Signing this agreement indicates space commitment on the part of the advertiser for all four issues of the *Psoriasis Advance* for calendar year 2008.
- Signing this agreement confirms that the above advertiser has read, understands and agrees to comply with all Psoriasis Foundation policies listed in the advertising guidelines that accompany this agreement.

Advertiser/agency authorized signature _____ Date _____

Company/title _____

Please indicate payment schedule:

Payment in full Payment per issue

Please indicate payment schedule:

Please send invoice Please use the following credit card to provide my payment:

American Express Discover MasterCard Visa

Card # _____ Exp. date _____

Full name on card _____

Return signed agreement to:

Jackie Groah
National Psoriasis Foundation
6600 SW 92nd Ave., Suite 300, Portland, OR 97223-7195
Fax 503.245.0626