Non-members Advertising Application



SEND COMPLETED FORMS

SEND CON	IPLE I ED FORIS	•				
Email	alberta.association@optometrists.ab.ca *(Note: you must email the application if you are including pictures)					
Fax	(780) 452-9918					
Mail	#100, 8407 Argyll Road, Edmonton, Alberta, T6C 4B2					
Name						
Address						
City	Postal Code					
Email	Phone					
Ad Type: Employment (complete information below) Practice/Equipment for Sale Other						
Practice Name						
Location						
Position						
Please check all that apply Optometrists □ Staff □ Northern Alberta □ Southern Alberta □ Locum □						
						
			fessionals (OMD, MD, Chiropractor, etc	,	50 word article (\$0.50 per extra words)	30 days
□ \$80 Other (ex: Eyeglass Retailers, Opticians, Trade shows, etc.) 50 word article (\$0.50 per extra words) 3						30 days
Phone nur	mbers, email addre	esse	s, numbered addresses and postal cod	les d	count as one word each.	
Payment is	s required in adva	nce	(No refunds if you remove the posting	befo	ore the end of the 30 day period)	
Your ad in	cludes the option	of tv	o pictures. Extra pictures to a maximur	n of	f 5 are \$3 per picture.	
This Area I	Must be Complet	ed	Payment Information			
	Subtotal	\$	Name on Card			
Extra Wor	dsx \$0.50	\$	Credit Card No			
Extra P		\$	Credit Gard No			
	GST @ 5%	\$	Expiry Date			
	Total	\$	Signature			
The AAO re appears on		o de	ermine which ads will appear on its we	bsit	te, the content, and the length of time t	ne ad
Ad Title: _						
A maximum of eight words. Does not count towards the ad body word total of 50 words.						
Ad Body: I	DI EASE DOINT (1 E	RLY. Illegible ads will be returned fo	r ol	arification. Word Total_	
Ad Body. 1	FLLAGL FRINT C	, L L /	INCT: megible aus will be returned to	'I CI	anneation.	