American Membrane Technology Association

ADVERTISING ORDER FORM

Please print or type all information. Complete this form and mail or fax to AMTA along with your payment.

Organization: _____

Contact Name: _____ Title:_____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Cell: _____

Email: _____ Website: _____

Number of Times to Run Ad: _____

Edition(s) Ad to Run: _____Spring _____Summer _____Fall _____Winter

ADVERTISING RATES

Please email your ad in a camera ready form an eps file or high resolution jpg format only to publications@amtaorg.com, mail or overnight a disc/cdrom to AMTA at the address below:
2409 SE Dixie Hwy., Stuart, FL 34996
If you have any questions, please contact Alie Griffin at 772-463-0820

Size	1 issue	2 issues	3 issues	4 issues	Sub-Total
Business Card (1/8 page) 3.75" x 2.25"	**$200.00**	**$300.00**	**$350.00**	**400.00**	
¼ Page 3.75" x 5"	**$350.00**	**$550.00**	**$625.00**	**$700.00**	
½ Page 3.75" x 10.5" or 8" x 5"	**$600.00**	**$900.00**	**$1,050.00**	**$1,200.00**	
				Total Due:	

Method of Payment: **(Payable to American Membrane Technology Association)**

❒ Check #_____ ❒ eCheck Online ❒ Credit Card Online

Once we receive your commitment level, we will send you a link for payment information.