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 Albany, New York 12210
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 nysavt@gmail.com
 www.nysavt.org

NYSAVT Advertising Order Form

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Website _____

Advertising is available on the New York State Association of Veterinary Technicians' (NYSAVT) website and/or newsletter to approved advertisers. Only advertising which is consistent with the values and standards of NYSAVT will be allowed. All submissions are subject to editorial change with regard to clarity or length.

Please choose the form(s) of advertising you are interested in:

Classified Ads - Website

(Ad must be the same for entire period)

- 1-month period \$35
- 2-month period \$60
- 3-month period \$90
- 6-month period \$185
- 12-month period ... \$360

Classified Ads - Newsletter

(Ad must be the same for entire period)

- 1 issue.....\$35
- 2 issues.....\$60
- 3 issues.....\$90
- 4 issues.....\$125

Classified Ads - Dual

(Ad must be the same for both web & newsletter)

- 1-month web; 1 issue \$55
- 2-month web; 1 issue \$85
- 3-month web; 1 issue \$105

Newsletter Advertising

- 1/8 pg: 2.5 x 3.75..... \$50
- 1/4 pg: 3.75 x 5..... \$85
- 1/3 pg: 3.5 x 8..... \$125
- 1/2 pg: 3.75 x 10..... \$150

NYSAVT publishes four issues of the *Vet Tech Times* each year. Distribution dates vary. Please contact the NYSAVT office 518-426-7920 or nysavt@gmail.com for deadlines and format. Classified ad rates include the first 50 words, after which there is a charge of \$0.25 for each additional word on the website or in the newsletter.

Advertising can be submitted via email, fax or mail to NYSAVT as below. For email submissions, please include *NYSAVT Advertising Order* in the subject line. For newsletter advertising, supported files include .eps, .jpg, .pdf (print) and .gif, .png, .jpg (electronic).

Method of Payment: *Please note: Payment must be received before this order will be processed.*

Check or money order enclosed for \$ _____. Check # _____

Credit card: Visa MasterCard AMEX

Credit Card # _____

Cardholder name _____ Exp Date _____ Billing Zip _____

I hereby give consent for NYSAVT to charge my credit card in the amount of \$ _____

Signature _____ Date _____

Please return order with payment to:
 NYSAVT • 119 Washington Ave, 2nd Floor • Albany, NY 12210 • F 518-432-5902 • nysavt@gmail.com