Advertising Form

PSTAP 72nd Annual Meeting Program

NAME: _____

☐ Please **use the following text** for my ad or attach it to this form. We will type set it:

☐ Camera Ready Ad—Attached

☐ Camera Ready Ad—Sent Separately

DEADLINE: May 24, 2019

Advertising Form:

- ☐ Full Page ($199)
- ☐ Inside Front Cover ($250)
- ☐ Back Cover ($450)
- ☐ Inside Back Cover ($250)
- ☐ 1/2 Page ($99)
- ☐ 1/4 Page ($75)

NAME:_____ **ID #**_____

EMAIL: _____**PSTAP CHAPTER**:_____

TOTAL: $_____ Please make checks payable to: **PSTAP**

Mail to: **PSTAP Executive Office, 20 Erford Road, Suite 200A, Lemoyne, PA 17043**

EMAIL To: info@pstap.org FAX To: 717-737-6847

☐ **VISA/Amex**_____Exp:_____CVV:_____

☐ **MASTERCARD** _____Exp:_____ CVV:_____

SIGNATURE: _____