A Royal Affair

April 19, 2008
AD FORM

Please complete a separate form for each AD. PLEASE TYPE OR PRINT LEGIBLY.

Name: _____
Last First MI

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

AD Text

☐ **I will send graphic electronically** ☐ **I will send a CD-ROM with graphic**

lharris@moodyclinic.org

Please reserve the following ad space:

☐ **Full page $350** ☐ **Quarter page $125**

☐ **Half page $250** ☐ **Business Card Size $75**

****

Bill my credit card: ____ **Visa** ____ **MasterCard**

Credit Card Number: _____ **3-Digit Security Code:** _____

Signature: _____

Please return completed forms to: Moody Clinic • 1901 E. 22nd Street • Brownsville, Texas •

Phone (956) 542-8504 Fax (956) 542-6510

PDF Created with deskPDF PDF Writer - Trial :: http://www.docudesk.com