



ORDER FORM FOR TRIBUTE MESSAGE

Please indicate the *Program(s)* in which you want your Utian Tribute Message(s), what size Message(s), and the Message(s).

Program #1. Annual Meeting Special Session (distributed September 30, 2009, in San Diego)

Full page \$1,000
 Half page \$750
 Quarter page \$400
 Business card size \$150
 List name \$25

I would like NAMS to create the ad message.

Please use message # _____

Please use this custom message (please print): _____

From (please print): _____

Corporate logo? Yes (please e-mail to angela@menopause.org)

I will provide camera-ready art by August 15, 2009.

Program #2. Consumer Education Event (distributed daytime of October 24, 2009, in Cleveland)

Full page \$1,500
 Half page \$800
 Quarter page \$500
 Business card size \$200
 List name \$25

I would like NAMS to create the ad message.

Please use message # _____

Please use this custom message (please print): _____

From (please print): _____

Corporate logo? Yes (please e-mail to angela@menopause.org)

I will provide camera-ready art by August 15, 2009.

Program #3. Tribute Gala (distributed evening of October 24, 2009, in Cleveland)

Full page \$1,500
 Half page \$800
 Quarter page \$500
 Business card size \$200
 List name \$25

I would like NAMS to create the ad message.
Please use message # _____
Please use this custom message (please print): _____

From (please print): _____
Corporate logo? Yes (please e-mail to angela@menopause.org)

I will provide camera-ready art by August 15, 2009.

Total Tribute Ad Cost: \$ _____

Method of Payment:

Check enclosed. Please make your check payable to The North American Menopause Society (or NAMS) in U.S. funds drawn on a U.S. bank. (Any bank fees NAMS incurs regarding payment will be billed.)

By credit/debit card.
 American Express VISA MasterCard Discover

Credit Card #: _____
CVS/CWZ (security code on card): _____
Name on Card: _____
Cardholder's City, State/Province: _____
Cardholder's Country, Zip/Postal Code: _____
Card Expiration Date: _____

Signature: _____

Print This Order Form—Forward Completed Form and Payment to:

The North American Menopause Society
5900 Landerbrook Drive, Suite 390
Mayfield Heights, OH 44124, USA
or
Fax: 440/442-2660

E-Mail Corporate Logos to: angela@menopause.org

Questions? Contact Angela (440/442-7629 or angela@menopause.org)

Deadline for Participation: August 15, 2009
