

Company Name: _____

Advertising Agency (if applicable): _____

Contact Name: _____ Email: _____

Telephone: _____ Fax: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Website: _____ Medipac Representative: **Fran Castricone**

Advertisement Information

Publication	Ad Size		
<input type="checkbox"/> CSANews <input type="checkbox"/> Nouvelles CSA	<input type="checkbox"/> Double-page spread <input type="checkbox"/> Full page	<input type="checkbox"/> 1/2 page (vertical) <input type="checkbox"/> 1/2 page (horizontal)	<input type="checkbox"/> 1/3 page (vertical only) <input type="checkbox"/> 1/4 page
Issue			
<input type="checkbox"/> Spring 2020 (114) <input type="checkbox"/> Spring 2021 (118)	<input type="checkbox"/> Summer 2020 (115) <input type="checkbox"/> Summer 2021 (119)	<input type="checkbox"/> Fall 2020 (116) <input type="checkbox"/> Fall 2021 (120)	<input type="checkbox"/> Winter 2020 (117) <input type="checkbox"/> Winter 2021 (121)
Additional details:			

Invoices and tear sheets will be sent electronically via email unless otherwise requested.

Payment Information

Advertisement Cost	\$	13% HST (if applicable)	+\$	Total Cost	=\$
				Deposit 20% (due at signing)	-\$
				Balance due 30 days from date of publication	=\$

*Canadian dollar and U.S. dollar pricing available.
All deposits are non-refundable.*

PAYMENT OPTIONS: VISA MASTERCARD CHEQUE (make payable to Medipac (US) International Inc.)

CREDIT CARD # _____ CVV# _____ EXPIRY DATE ____/____/____

CARDHOLDER NAME: _____ SIGNATURE: _____

Name of Authorized Representative (please print): _____

Signature: _____

Email, Fax or Mail your completed form and payment to: Medipac (US) International Inc., 180 Lesmill Rd, Toronto, ON, Canada M3B 2T5
phone: 800-326-9560 • **fax:** (416) 441-7067 or (416) 441-7010 • **E-mail:** marketing@medipac.com

For more information contact Fran Castricone 1-800-326-9560, ext. 3 (toll-free) • 727-498-8889 (direct) • fran@medipac.com