

# ORDER FORM



American Academy of  
Professional Coders

Fax completed form to:  
Julia Bond  
Fax: 801-236-2258

## Print Advertising - Coding Edge Newsmagazine

Ad Size	1x	3x	6x	12x	Total
Full Page	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$2,975	<input type="checkbox"/> \$2,720	<input type="checkbox"/> \$2,240	_____
2/3 Page	<input type="checkbox"/> \$2,900	<input type="checkbox"/> \$2,695	<input type="checkbox"/> \$2,465	<input type="checkbox"/> \$2,030	_____
1/2 Page	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,325	<input type="checkbox"/> \$2,125	<input type="checkbox"/> \$1,750	_____
1/3 Page Sq.	<input type="checkbox"/> \$2,350	<input type="checkbox"/> \$2,185	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,645	_____
1/3 Page Vert.	<input type="checkbox"/> \$2,350	<input type="checkbox"/> \$2,185	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,645	_____
1/4 Page	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,045	<input type="checkbox"/> \$1,870	<input type="checkbox"/> \$1,540	_____

### Premium Placement Charge:

- Back cover: add \$600 \_\_\_\_\_
- Inside front cover: add \$400 \_\_\_\_\_
- Inside back cover: add \$400 \_\_\_\_\_

**Print Advertising Total** \_\_\_\_\_

## Website Advertising

			Total
<input type="checkbox"/> Button	160x60 pixels	\$496/mo	_____
<input type="checkbox"/> Small Vertical Banner	160x140 pixels	\$795/mo	_____
<input type="checkbox"/> Large Vertical Banner	160x220 pixels	\$995/mo	_____
<input type="checkbox"/> Base Full Banner	468x60 pixels	\$995/mo	_____
<input type="checkbox"/> Base Leaderboard	728x90 pixels	\$1,295/mo	_____
<input type="checkbox"/> Coding Sponsorship	Web listing	\$800/year	_____

**Website Advertising Total** \_\_\_\_\_

## Recruitment Advertising

Paid directly to health eCareers

## Advertising Packages

- Platinum: \$32,000     Gold: \$22,000     Silver: \$14,000    Total \_\_\_\_\_

**Advertising Packages Total** \_\_\_\_\_

## Exhibit Opportunities

Please inquire for pricing.

## Payment Information

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Check Enclosed     Visa     MasterCard     Discover     AMEX     Invoice  
Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_