



Advertising Agreement

Advertiser Name _____
Mailing Address _____
City _____ State/Province _____
Country _____ Zip/Postal Code _____
Phone _____ Fax _____
E-mail: _____ Web site URL _____
Contact Person _____

AVA member? ☐ Yes ☐ No

Please indicate your advertising selection(s):

- Banner Advertising (Minimum time period: 3 consecutive months)

	Home page	Conference page	Landing page
Top	\$ _____ (US) Start date _____ Stop date _____	\$ _____ (US) Start date _____ Stop date _____	\$ _____ (US) Start date _____ Stop date _____
Side	\$ _____ (US) Start date _____ Stop date _____	\$ _____ (US) Start date _____ Stop date _____	\$ _____ (US) Start date _____ Stop date _____

- Vendors at Your Service \$ _____ (US)

Total cost for all advertising \$ _____ (US)

Payment (All payments must be made in US dollars.)

☐ Check payable to AVA enclosed ☐ Send invoice

Credit card ☐ VISA ☐ MasterCard

Card Number _____ Expiration date _____

Signature _____

Mail to: AVA, P.O. Box 32092, Richmond, VA 23294

or

Fax to: 804.672.3368

Questions? Call 804.672.3353