



Web Banner Sponsorship Contract/ Insertion Order

www.ahp.org

Web banner sponsorship opportunities are listed in the AHP Partnership Program on Page 8. To reserve a banner, complete and return this form with payment to AHP.

Company Advertising: _____

Company Name: _____

Contact Person: _____

Address: _____

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

Phone: _____ Fax: _____ E-mail: _____

Banner Ad Location: _____

Insertion Start Date

- November – January
- February – April
- May – July
- August – October

Ads will be placed by the first of the month.


Payment Method (U.S. funds only)

- VISA
- MasterCard
- American Express

Credit card number: _____ Expiration date: _____

Signature: _____ Date: _____

Advertiser _____ authorizing signature _____



Complete and return this form along with payment to:
MAIL TO: AHP, 313 Park Avenue, Suite 400, Falls Church, VA 22046. OR FAX TO: (703) 532-7170
QUESTIONS? E-mail: ahp@ahp.org or call (703) 532-6243.

