

ADVERTISING BOOKING FORM 2020



DOCTOR Q

Edition	Full Page	Half Page	Classified	Cost
Autumn 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Winter 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Spring 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Summer 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Insert	<input type="radio"/>			\$
Design fee quoted	<input type="radio"/>			\$

WEBSITE AND EMAILS

Publication	Banner	Classified	Cost
Connect	<input type="radio"/>		\$
Events and Training	<input type="radio"/>		\$
Website Classified		<input type="radio"/>	\$

NOTES

Please refer to the AMA Queensland Advertising Kit 2020 for all pricing and advertising specifications.

ADVERTISING BOOKING FORM 2020



ORGANISATION INFORMATION

Company name: _____

Contact name: _____

Mailing address: _____

Phone: _____ Fax: _____

ABN: _____

Email: _____

Signature: _____

ADVERTISING TOTAL

Publication

<input type="radio"/> Doctor Q magazine	\$
<input type="radio"/> Connect	\$
<input type="radio"/> Events & Training	\$
<input type="radio"/> Website & Classifieds	\$

Total \$

TERMS & CONDITIONS

- ▶ **All prices are GST inclusive**
- ▶ Prices outlined do not include agency commissions
- ▶ Advertising restrictions do apply as exclusivity contracts with suppliers are in agreement
- ▶ All advertising is subject to the discretion of the editor and publications committee
- ▶ Packages are available on request, discounts applied to packages are subject to the volume of the booking
- ▶ Advertising options outside the opportunities mentioned in this document are POA and may have unique deadlines and terms
- ▶ Cancellation policy of 100% applies to all bookings confirmed in writing
- ▶ Payment of invoices are due within 14 business days of issue

PAYMENT OPTIONS

Credit card amount \$ _____

Visa Mastercard AMEX

Card number: | | | | | | | | | | | | | | | | | | | | | |

Exp date: ____ / ____ CCV No: _____

Cardholders name: _____

Signature: _____

Direct deposit amount \$ _____

Reference: _____

To make payment by direct deposit, the details are:

Bank of Queensland

BSB: 124 084

Account: 10 032 949

* Please quote company name and publication within transfer description

Cheque enclosed for \$ _____

(payable to AMA Queensland)

Invoice: Please post tax invoice to address on left

ARTWORK

- I/We have submitted/will submit artwork for publication by AMA Queensland and acknowledge that I/we take full responsibility for the content provided. I/we have ensured that the artwork adheres to the specifications outlined in AMA Queensland's Advertising Kit and understand that AMA Queensland reserves the right to refuse to publish the artwork and takes no responsibility for any errors within the artwork supplied.

RETURN TO:

MAIL: AMA Queensland
PO Box 123
Kelvin Grove QLD 4059

Email: advertising@amaq.com.au

fax: (07) 3856 4727

phone: (07) 3872 2222

For assistance with advertising or any other matter, please call (07) 3872 2222.