

**Polish-American Medical Society
58th Annual Physicians' Ball
February 2, 2008**

Advertisement Form

Name and Title

Company Name

Telephone and Fax #

Street

City

Zip Code

Authorize Signature

Ad Rates:

- | | | | |
|--------------------------------|----------|-----------------|-------|
| 1) Outer Cover Page (Backside) | \$ 1,300 | 4) Half Page | \$150 |
| 2) Inner Cover Page (2) | \$ 1,100 | 5) Quarter Page | \$ 75 |
| 3) Full Page | \$ 300 | | |

Size of the Program Book is 8 ½ " (length) x 5 ½ " (width).
Please, be sure to include clean, black and white artwork when possible.
If you don't have artwork, write down your greeting card and attach a business card. We will do the ad for you. Please, let us know if you wish to have the same advertisement as last year.

Tax Exempt ID # 366-112-686.

Please, make check payable to the "Polish-American Medical Society" and address all correspondence to:

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