



2009 SurgiWatch Advertising Insertion Order

Advertise in FSASC's SurgiWatch and reach over 400 Ambulatory Surgical Centers in the state of Florida! Call FSASC at (850) 222-3000 for additional information. Please return this form and advertisement artwork files to:
1400 Village Square Blvd, #3-175, Tallahassee, FL 32312, fax to (850) 907 - 1288 or email to meghan@ascmember.org.

Representative Name _____

Company _____

Mailing Address _____

City _____ St _____ Zip _____

Phone _____

Fax _____

Email Address _____

Signature of Representative _____

Indicate the type of advertisements you would like to submit:

_____ Full Page	\$375 per issue	=	\$ _____
_____ Half Page	\$250 per issue	=	\$ _____
_____ Quarter Page	\$200 per issue	=	\$ _____
_____ Classified Ad	\$85 first 40 words, \$1 each additional word	=	\$ _____

Mark the issues in which you would like to advertise:

	<i>Issue</i>	<i>Deadline for Materials</i>	<i>Publication Date</i>
<input type="checkbox"/>	Spring 2009	Feb 10, 2009	Mar 1, 2009
<input type="checkbox"/>	Summer 2009	May 10, 2009	Jun 1, 2009
<input type="checkbox"/>	Fall 2009	Aug 10, 2009	Sept 1, 2009
<input type="checkbox"/>	Winter 2009	Nov 10, 2009	Dec 1, 2009

Add Special Location:

_____ Inside Front Cover	\$30 per issue	+	\$ _____
_____ Inside Back Cover	\$25 per issue	=	\$ _____
_____ Outside Back cover (1/2 page)	\$25 per issue	=	\$ _____

Less Discount

	(only ONE discount may be used - does not apply to Classified Ads)	-	
_____ 10%	Frequency Discount - for placement in 3 or more consecutive issues	=	\$ _____
_____ 25%	FSASC Business Partner	=	\$ _____

Total Due = \$ _____

Payment Information

Enclosed is payment of \$ _____ for the above order (Make checks payable to FSASC.)

or pay by credit card MasterCard VISA AMEX

Card Number _____ Exp Date _____ Security Code _____

Name on Card _____ Signature _____

Billing Address _____ City _____ St _____ Zip Code _____