

Advertising Booking form

Please refer to AHPA's Advertising Kit, prior to submitting this form. Please forward the completed form, including the signed declaration, to office@ahpa.com.au, along with any logo / image being supplied.

ADVERTISER DETAILS				
Business / Organisation:				
ABN:			Contact Name:	
Phone (incl area code):			Mobile:	
Email:				
Address:				
ADVERTISEMENT COMMENCEMENT DATE				
Week commencing: __ / __ / ____				
ADVERTISEMENT TYPE (for pricing refer to the Advertising Kit) Please select one				
Events	<input type="checkbox"/> Website 1 month	<input type="checkbox"/> Website 3 months	<input type="checkbox"/> Member Update	<input type="checkbox"/> Combined Website and Member Update
Jobs	<input type="checkbox"/> Website	<input type="checkbox"/> Member Update	<input type="checkbox"/> Combined Website and Member Update	Spaces to Rent <input type="checkbox"/> Website
Products / Services	<input type="checkbox"/> Member Update 1 edition	<input type="checkbox"/> Member Update 2 editions	<input type="checkbox"/> Member Update 3 editions	
ADVERTISER CATEGORY (for pricing). Please select one				
<input type="checkbox"/> For Profit (Commercial)		<input type="checkbox"/> Not for Profit (NFP)	<input type="checkbox"/> Member Organisation (FREE)	
ADVERTISEMENT DETAILS (Events / Spaces to Rent / Products and Services)				
Header / Title				
Brief Description / Details (> 150 words)				
Contact Details				
Date (if applic)				
URL Link			Image / Logo provided?	



Advertising Kit

ADVERTISEMENT DETAILS (Jobs / Positions vacant)			
Job Title			
Organisation		Location	
Closing Date		Employment Type	
Enquiry contact		Phone	
Email			
Website		Image / Logo provided?	
Brief Job Description / Details (> 150 words)			
Contact Details			
Date (if applic)			
URL Link		Image / Logo provided?	Yes <input type="checkbox"/>

ADVERTISER DECLARATION

I,, being an authorised representative ofdeclare that to the best of my knowledge statements accompanying this advertising are ethical and do not discredit or disparage any other product, service or organisation.

I agree to indemnify AHPA from any and all liability for all advertising content.

I understand and agree that acceptance of advertising material does not imply any form of endorsement by AHPA and cannot be portrayed as such.

I agree to make payment prior to the advertisement being published, unless AHPA, at its discretion, has offered other payment terms. *(Once advertising is approved, you will receive a request to make payment by direct transfer prior to publishing.)*

Signature: Date:.....

Position:

Organisation:

AHPA Internal Approval	Approved by:	DATE:
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