

AESC Program Book Display Ad Order

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact person email: _____

Display Ad Requested**Premium Locations**

- Opposite Table of Contents (\$3,000)
 Section Divider (\$3,000)

Ad Section

- Full-page (\$2,000)
 Half-page (\$1,000)
 Quarter page (\$500)

Deadline -- Finished "camera ready" copy in PDF or JPG format must in at the AESC office no later than 8 a.m. Central time on Monday, July 23, 2012.

Payment**Form of Payment:**

- Check (payable to: "American Eye Study Club") Visa MasterCard Discover

Credit Card # | | | | ■ | | | | ■ | | | | ■ | | | | | Exp. Date | | / | | | |
 Security Code (on back of card) | | | | |

Name on card: _____

Billing address for card: _____

Signature _____

Return to: American Eye Study Club
 10 W. Phillip Rd., Suite 120
 Vernon Hills, IL 60061-1730
 Phone: 847-680-1666 Fax: 847-680-1682
 Email: RichardPaul@DLS.net