

TEMAS HOSPITALARIOS

HOSPITAL ISSUES

APPLICATION FORM

We hereby confirm our advertisement at HOSPITAL ISSUES and request:

COMPANY

Company : _____
Contact : _____ Position : _____
Address : _____ City : _____ Country : _____
Tel : _____ Fax : _____
e-mail : _____ www. _____

Issues to Advertise

- Nº 1 – May 2007
- Nº 2 – August 2007
- Nº 3 – November 2007

Advertisement Size

- Backcover 22 x 30 cm
- Inside Front Cover 22 x 30 cm
- Page 3 22 x 30 cm
- Full Page 22 x 30 cm
- 1/2 Page 18,2 x 12,5 cm
- 1/3 Page * 18,2 x 8 cm
- 1/4 Page ** 8,8 x 12,5 cm

* Minimum 2 issues

** Minimum 3 issues

Observations:


Advertising Fee : \$ _____

(*) The Advertising Fee is only for the ad space, being at the advertiser responsibility the design of the ad.

This Application will be deemed accepted only upon written confirmation from the Organizers. The advertiser will receive instructions for the payment of the advertising fee.

Place and Date

Signature

A publication of 

info@temashospitalarios.com.ar / www.temashospitalarios.com.ar / Tel. (011) 4799-8087

