

# Women's Wellness Luncheon & Expo Program Advertising Form



Quantity	Description	Ad Size	Price
<b>SOLD</b>	Outside back cover - color	4.5w x 7.5h	\$500
	Full Page - color	4.5w x 7.5h	\$250
	Half Page - color	4.5w x 3.75h	\$150
	Donation		\$
	Please add \$50 to have an ad professionally designed		\$
		<b>Total</b>	\$

\_\_\_ Please use my/our ad from the Women of Grace program.

\*Please email PDF files for ads to Ymatan@Bhinc.org

**Deadline: September 9, 2016**

## Contact Information

Company Name: <i>(if applicable)</i>				
Contact Name:				
Street Address:				
City:		State:		Zip:
Phone:		Cell:		
E-mail:				

\_\_\_ Enclosed is my check made payable to Bethesda Hospital Foundation.

\_\_\_ Please charge my credit card.

\_\_\_\_\_ Card Number

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Name as it appears on card

\_\_\_\_\_ Security Code

\_\_\_\_\_ Billing Address *(if different than above)*

\_\_\_\_\_ Authorizing Signature

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