# Florida Certification Board

**1715 S. Gadsden St., Tallahassee, FL 32301**

## ADVERTISING CONTRACT

**Name of Organization**_____

**Address** _____

**City/State/Zip**_____

**Contact Name/Title** _____

**Phone/Fax** _____

**E-mail Address** _____

## ADVERTISING SPACE REQUESTED, PLEASE CHECK ONE:

| | |
|---|---|
| Full Page | □ $275 |
| ½ Page | □ $200 |
| 1/3 Page | □ $175 |

## PREMIER LOCATION FOR FULL PAGES:

| | |
|---|---|
| Inside Front Cover | □ $325 |
| Inside Back Cover | □ $300 |

## TERMS OF PAYMENT

Advertisement fee(s) are due in full with the submission of the contract.

## METHOD OF PAYMENT

□ Check □ MasterCard □ VISA □ Money Order

Credit Card #_____

Name of Authorized Signer_____
(Type or print)

_____ _____
Authorizing Signature Date