



PDA Career Center Banner Insertion Order Form

4350 East West Highway, Suite 150 Bethesda, MD 20814, USA
Tel: +1(301) 656.5900 • Fax: +1(301) 986-0296
www.pda.org

I. Billing Information

Company Name: _____ Contact: _____

Address: _____

City/State/Zip/Country: _____

Phone: _____

Fax: _____

Email : _____

Company URL: _____

II. Publication Information

Please check month(s) of choice: Each banner ad will run for one month

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Number of Months :

- 1 month (US \$1,500) – 3 months (US \$4,000) – 6 months (US \$8,000)

Company Link to Logo: Yes No

Special Instructions: _____

Requirements: 50 kb (gif or jpeg format); 120 pixel widths by 600 pixels in length; no animation; can link to your company website. All artwork is due on the 15th of the month prior to the month of choice. Advance payment is required prior to running the ad. A signed insertion order is a binding contract.

Cancellations: Cancellations must be made in writing before the 15th of the month before the ad is scheduled to run. No cancellations and refunds are accepted after that time.

Payment Method:

Total Payment Amount: \$ _____ Check (in US dollars only). Please make check payable to:

PDA, Inc.
P.O. Box 79465
Baltimore, MD 21279-0465

Credit Card (circle one):

VISA MasterCard/Euro card AMEX

Card #: _____ Expiration Date : ____/____/____

Full Name: _____

Signature: _____

Billing Address (if different from above): _____

City/State/Zip/Country: _____