



Please print clearly.

Date _____

Company Name _____	Contact Name _____
Address _____ Postal Code _____	
Telephone (____) _____ Fax (____) _____ Email _____	
Is your company a member of the OPIA Sponsors organization (OPIASO)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/>	<p><u>Online Advertisement</u> Sponsor URL http://_____</p> <p>Cost - \$50 per year for online banner advertising (logo and link) on the OPIA website. Weekly rotating feature spot on index page, and rotating banner coverage on sidebar of each page. NEW- Sponsor's page featuring your logo.</p>	
<input type="checkbox"/>	<p><u>Print Advertisement</u></p> <p>Size of advertisement: <input type="checkbox"/> Half page <input type="checkbox"/> Full page <input type="checkbox"/> Quarter page</p> <p>Please check: Black and White <input type="checkbox"/> Colour <input type="checkbox"/></p> <p>Number of times to run advertisement: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Issues to run advertisement: <input type="checkbox"/> February 15 <input type="checkbox"/> May 15 <input type="checkbox"/> August 15 <input type="checkbox"/> November 15 <input type="checkbox"/> All</p> <p>Start year _____</p>	<p><u>Pricing Scheme</u></p> <p>Full Page B & W 1-2 \$100 each 3-4 \$90 each</p> <p>Half Page B & W \$50 each</p> <p>Colour Full page (centre) \$300 Back Page \$400 Back Page (inside) \$350 Front Page (inside) \$350</p>
<input type="checkbox"/>	<p><u>Business Card Ad</u></p> <p>Number of times to run advertisement: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>Issues to run advertisement: <input type="checkbox"/> February 15 <input type="checkbox"/> May 15 <input type="checkbox"/> August 15 <input type="checkbox"/> November 15 <input type="checkbox"/> All</p> <p>Start year _____</p>	<p><u>Pricing Scheme</u></p> <p>\$ 15.00 for each ad</p>

Please note: All advertisements must be received at least one (1) month prior to issue date.
You must be a member of OPIASO to advertise in the Bulletin and on the web-site

TOTAL PAYMENT AMOUNT: _____

Payment Type: Cheque (Payable to: Ontario Plumbing Inspectors Assc. Inc.)
 Visa MasterCard Discover

Name on Card: _____ **Card Number:** _____

Expiry Date: ____/____ **CVD #** _____

Signature: _____

Send to: OPIA

c/o Ursula Wengler, 22 Dalegrove Cres, Etobicoke, ON, M9B 6A7
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