

Request to advertise

PHONE:
EMAIL:
NAME:

14th Annual Program Guide

Please Visit Us On The Web To Register if you wish to exhibit
@www.npcouncilpbc.org

I N V O I C E

INVOICE DATE:

INVOICE ID:

INVOICE FOR:	ADVERTISING LAYOUT NOTE:
	Advertisements must be camera ready, Examples of acceptable files include .jpg, .bmp, or .png extensions. Please send advertisement to npcouncilpbc@gmail.com

Service	Quantity	Note	Unit Price	Discount	Total	
1/4 PAGE ADVERTISEMENT			\$100			
1/2 PAGE ADVERTISEMENT			\$150			
FULL PAGE ADVERTISEMENT			\$250			
					Subtotal	
					Tax	
					Deposit	
					Paid	
					Balance Due	

Nurse Practitioner Council of Palm Beach County!

PO Box 17068, West Palm Beach, FL 33416 www.npcouncilpbc.org

***We Appreciate Your Business, And Thanks For Making Us
your choice in health care education !***