

# Advertising Contract

\_\_\_\_\_

Date

\_\_\_\_\_

Advertiser

\_\_\_\_\_

Contact

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

\_\_\_\_\_

Representative

\_\_\_\_\_

Issues

\_\_\_\_\_

Size

\_\_\_\_\_

Rate

\_\_\_\_\_

Total Contract

\_\_\_\_\_

Terms

\_\_\_\_\_

Artwork Deadline

*I hereby agree to the conditions stated in the attached Chicago  
Medicine magazine Terms and Conditions sheet.*

## Accepted by

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Instructions

1. Fill out PDF form
2. Add signature
3. Print and Scan/Email or Fax to:

### Scott Warner

swarner@cmsdocs.org

Fax 312-670-3646