



Hamilton Academy of Medicine

Advertising Order Form

Contact Information

Company Name

Contact Name

Address

Telephone Number

Alternate Telephone Number

Fax Number

E-mail Address

Advertising Option – Website

Left Column

Events Page

Find a Doctor Page

(Additional Page)

Spring
(March, April, May, June)

Summer
(July, August)

Fall
(Sept, Oct, Nov)

Winter
(Dec, Jan, Feb)

Advertising Option – Newsletter & Fax

Issue Date (Half Page)

Issue Date (Full Page)

Fax Out Date

Payment Details

We accept:



\$

Amount

Card Number

Expiry Date

CVV

Name

Signature

Date

Submit electronically or via fax • Jessica@hamiltontodoctors.ca • (F) 905-528-7131