



# 2009 ALTERNATIVE HEALTH GUIDE AD INSERTION ORDER FORM

10% Early Bird Discount Deadline: January 30, 2009 © Final Ad Deadline: March 15, 2009

Please read and fill out this form completely to the bottom of the page.

### BASIC LISTINGS (Include your exact listing with contact information and descriptive text.)

- Price:**
- \$45 for 15 words ~ \$1/word extra
  - \$40 with 3 or more listings!

Your first line is bold and ALL CAPS and is the name your listing will be indexed by. First lines are included in your total word count and must be a business name or personal name (w/wo professional initials), or a maximum 4-word headline.

1. First Line \_\_\_\_\_  
 Listing Text \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Category \_\_\_\_\_

2. First Line \_\_\_\_\_  
 Listing Text \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Category \_\_\_\_\_

3. First Line \_\_\_\_\_  
 Listing Text \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Category \_\_\_\_\_

Use a separate sheet for additional Basic Listings.

### BILLING INFORMATION

Business Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Phone \_\_\_\_\_  
 Contact E-mail \_\_\_\_\_

### PAYMENT INFORMATION

Check (payable to Spirit of Change)     Discover     MC     Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

I am entitled to an Early Bird Discount of \$ \_\_\_\_\_

I have included my payment of \$ \_\_\_\_\_

Please bill me. Payment due within 30 days.  
 (Not available for Early Bird Discount.)

### MEDICAL CROSS REFERENCES

- Price:**
- \$20 each
  - 5 for \$75

1. Medical Condition \_\_\_\_\_  
 Name \_\_\_\_\_  
 Town and State \_\_\_\_\_  
 Basic Listing Category (s) \_\_\_\_\_

2. Medical Condition \_\_\_\_\_  
 Name \_\_\_\_\_  
 Town and State \_\_\_\_\_  
 Basic Listing Category (s) \_\_\_\_\_

3. Medical Condition \_\_\_\_\_  
 Name \_\_\_\_\_  
 Town and State \_\_\_\_\_  
 Basic Listing Category (s) \_\_\_\_\_

4. Medical Condition \_\_\_\_\_  
 Name \_\_\_\_\_  
 Town and State \_\_\_\_\_  
 Basic Listing Category (s) \_\_\_\_\_

5. Medical Condition \_\_\_\_\_  
 Name \_\_\_\_\_  
 Town and State \_\_\_\_\_  
 Basic Listing Category (s) \_\_\_\_\_

Use a separate sheet for additional Medical Cross References.

### DISPLAY ADVERTISING

- 1 Free Basic Listing with each display ad (\$45 Value)
- Full Page: \$925     1/3 Page: \$340     1/6 Page: \$175
- 1/2 Page: \$490     1/4 Page: \$255
- Full Color: \$250
  - Design: \$25
  - Spot Color: \$150 (advertiser choice), \$75 (magazine choice)

What categories would you like to see your display ad placed near?  
 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

### IMPORTANT! DELIVERY OF GUIDES

- How many copies of the 2009 Alternative Health Guide would you like to distribute to clients and customers?
- Single Copy     5 Copies     10 Copies     25 Copies
- 50 Copies     100 Copies     200 Copies     250 Copies

### SEND IN YOUR INSERTION ORDER AND PAYMENT TO:

- © Mail: Spirit of Change, PO Box 405, Uxbridge, MA 01569  
 © E-mail: advertise@spiritofchange.org    © Fax: (508) 278-9641  
 © Questions?: Call us at (508) 278-9640

Visit [www.spiritofchange.org](http://www.spiritofchange.org) to submit your listings online.