PD	A				ter Banner	
Parenteral Drug Ass	ociation		Ins	sertion Orde	er Form	
	<i>V</i>			t Highway, Suite 150 1(301) 656.5900 • Fa: www.pda.org	Bethesda, MD 20814, USA (: +1(301) 986-0296	
I. Billing Info						
Company Na	me:			Contact:		
Address:						
City/State/Zip	o/Country:					
Phone:						
Fax:						
Email :						
	L:	Each banner a	d will run for on	e month		
☐ January □ July		☐March ☐ September	□April □ October	□ May □ November	□ June □ December	
Company Lin Special Instru Requirements. website. All ar running the ad Cancellations:	(US \$1,500) $\Box - 3$ m ak to Logo: \Box Yes actions: : 50 kb (gif or jpeg for twork is due on the for ! A signed insertion : Cancellations must	No Normat); 120 pixel (5th of the month order is a binding be made in writir	widths by 600 p prior to the mon c contract. 1g before the 151	ixels in length; no a th of choice. Advan	nimation; can link to you ce payment is required p re the ad is scheduled to	prior to
cancellations d	and refunds are acce	pted after that tim	1e.			
Payment Met			D Chaole (in)	US dollars only) D	ease make check payable	- to:
PDA P.O.	nt Amount: \$, Inc. Box 79465 more, MD 21279-04			55 uotiars onty). Fi	ease make eneck payable	; 10.
Credit Card	· · · · ·					
VISA		MasterCard/E	uro card	AME	X	
Card	Card #:/Expiration Date :/					
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By submitting this insertion order it is understood and agreed that PDA will receive full payment within net 30 days from the date of invoice for services rendered. However, in the event that payment is not received within the agreed payment terms; the credit card provided will be charged for the balance due in full at net 45 days or later of invoice date. In addition, PDA reserves the right to assess a 2% late fee in addition to the balance due at net 45 days or later and include this amount in the balance charged to the credit card on file. Please send to: Alison Caballero at caballero@pda.org or by fax at 301-986-0296.