

Australasian Medical Writers Association

ABN: 62 060 805 987

Advertising confirmation authority

Please return this completed form with your notice, in plain text or Word format, to the AMWA Treasurer. The completed form must be received by the Treasurer before a broadcast will be sent.

This is an authority to place advertising material of direct interest to members (up to 200 words) in either:

1. AMWA bimonthly E-NEWS to members Month of publication:

(February, April, June, August, October, December)

OR

2. AMWA email broadcast to members DATE to be broadcast:

Please indicate your preferred format and date for your advertising material.

Treasurer, Australasian Medical Writers Association,
 PO Box 1261, Chatswood NSW 2067, or
treasurer@medicalwriters.org
 Fax: (03) 5493 7799

Company name		
ABN		
Address		
Phone	()	
Email		
Your name		
Your position		
Signature		Date

I wish to pay by cheque (attached) or credit card.

Rates per insertion: \$100 for companies and non-members, \$50 for members.

Type of card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa (please circle)	Please debit my credit card \$
Number/...../...../..... Expiry date...../.....	
Name on card	(please print)	
Signature		

Please make cheques payable to Australasian Medical Writers Association.

AMWA is not registered for GST.