

WOA Newsletter Advertising Rates

	1 Month	3 Months	6 Months	12 Months
¼ Page	\$60	\$160	\$280	\$495
½ Page	\$110	\$310	\$580	\$1,095
Full Page	\$190	\$550	\$1,060	\$2,055

ABOUT WOA NEWSLETTER:

The WOA Newsletter is created and distributed by the WOA staff. It is a major resource for members, covering all current issues impacting optometry, patient care, practice management, third party reimbursement, legal issues, continuing education and more. The WOA Newsletter is received by all member doctors, member students, and nationwide affiliates (approximately 630 readers).

ACCEPTABILITY:

All advertising is subject to approval by WOA staff and board of directors. WOA reserves the right to edit advertisement content or refuse an advertising request.

CHANGES/ CANCELLATIONS:

No change or cancellation requests will be accepted after the first of the month preceding the newsletter issue date. All change and cancellation requests must be submitted in writing via email, mail or fax.

PAYMENT:

Advertisers are required to send payment (credit card or check) with advertising materials to the WOA office. No ads will be published without payment.

ADVERTISING PLACEMENT:

Advertising is rotated and interspersed throughout the newsletter, maintaining the decided advertisement dimensions. Courtesy is paid to special requests whenever possible.

COLOR:

Our membership receives the newsletter either by mail or email, depending on their preference. Newsletters are both printed and delivered electronically via email in color. Please consider this as you submit your advertising materials.

FORMATS:

We will receive advertising material via email or mail. If you send through mail, please load content on to a CD. Please send as.JPG/.JPEG images.

PLEASE SEND ALL MATERIALS AND PAYMENT INFORMATION TO:

Wisconsin Optometric Association
6510 Grand Teton Plaza, Suite 312
Madison, WI 53703
Phone: 608-824-2200
Fax: 608-824-2205
www.woa-eyes.org

**Email Submissions to Director of
Communications Amanda Soelle at**
amanda@woa-eyes.org

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Telephone: _____

Advertisement Size (circle one):

¼ Page

½ Page

Full Page

Advertisement Term (circle one):

1 Month

3 Months

6 Months

12 Months

Please run the following ad in these issues:

Jan. Feb. March April May June

July Aug. Sept. Oct. Nov. Dec.

PAYMENT INFORMATION

My Payment of \$_____ is enclosed.

Paid By (circle one): Check MasterCard Visa

Card Number: _____

Expiration Date: _____ 3 Digit V-Code: _____

Billing Address _____

Signature: _____

**ADVERTISING INFORMATION AND PAYMENT MUST BE
RECEIVED BY THE FIRST OF THE MONTH TO BE
INCLUDED IN THE UPCOMING WOA NEWSLETTER**

WOA Use Only

Received On _____ Approved on _____

Approved By _____