



ADVERTISING ORDER FORM

Please print or type all information. Complete this form and mail or fax to Northwest Membrane Operator Association (NWMOA) along with your payment.

Organization: _____
 Contact Name: _____ Title: _____
 Address: _____
 City: _____ State/Province: _____ Postal Code: _____ Country: _____
 Telephone: _____ - _____ Fax: _____ - _____
 Email: _____ Website: _____

ADVERTISING RATES

Please email your Ad in a camera ready form, an eps file, or a high resolution jpeg format only to publications@nwmoa.com, mail or overnight a disc/cdrom to NWMOA at the address below:

Northwest Membrane Operator Association (NWMOA)
 12592 West Explorer Dr., Ste. 200
 Boise, ID 83713 USA

If you have any questions, please contact Alie Griffin at 208-577-6519

Size	4 issues
Business Card (1/8 page) 3.75" x 2.25"	\$300.00
¼ Page 3.75" x 5"	\$500.00
½ Page 3.75" x 10.5" or 8" x 5"	\$700.00

TOTAL \$ _____

Method of Payment: (Payable to Northwest Membrane Operator Association)

Check # _____ Cash \$ _____

CHARGE: _____ Mastercard _____ Visa _____ Amex

Card # _____ + _____
 (16 numbers + 3 numbers listed in the signature area on the back of card)

Card Holder's Name: _____ Exp. Date _____

Credit Card Address: _____ CC Zip _____