# American Academy of Fertility*Care* Professionals

## Sponsor Message Form

### *Instructions*

PRINT or TYPE all information
Sponsor Messages must be received by **May 1st**
Complete all portions of this form and mail to:

Mary Egan, CFCP
3233 Viking Drive
Sioux City, IA 51104

### *Sponsor Information*

Name _____

Address _____

City _____ State _____ ZIP _____

### *Information and Authorization*

| | | |
|---|---|---|
| Full Page | 7.5 x 10” | $ 125.00 |
| Half Page | 7.5 x 5” | $ 75.00 |
| Quarter Page | 3.75 x 5” | $ 50.00 |
| Business Card | 3.5 x 2” | $ 35.00 |
| Patrons | Name or one-line message | $ 20.00 |

Message must be black-and-white, camera-ready or 600 dpi laser copy, suitable for printing without further alterations to size, copy, or art.

Complete form and camera-ready art work must be accompanied by full payment to the “American Academy of FertilityCare Professionals” (AAFCP).

**Signature** _____

Position Date

The AAFCP reserves the right to determine suitability of messages.

CREDIT MESSAGE TO: Name _____
Organization _____
Address _____
City, State, ZIP _____

AAFCP USE ONLY: Date Received: Payment: Camera-Ready: Date Posted to Pub.Chair:
Apply sponsor message credits to: