

2010 ADDICTION STUDIES INSTITUTE ORDER FORM

PLEASE PRINT

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

EXHIBITOR & ADVERTISEMENT ORDER

PURCHASE	RATE	QTY	TOTAL
Exhibit Booth (Corporate)	\$395.00		
Exhibit Booth (Non-Profit)	\$295.00		
Full Page Ad	\$225.00		
Half Page Ad	\$175.00		
Quarter Page Ad	\$95.00		

TOTAL DUE: _____

DEADLINE TO SUBMIT ORDERS: July 16, 2010

PAYMENT INFORMATION

Make all checks payable to "Garrison & Associates" 4701 Olentangy River Road, Suite 201, Columbus, OH 43214. Payment must accompany order form. Mail check with completed form to:

Amanda Ferguson
OCDPB
77 S High St, 16th Floor
Columbus, OH 43215
PH: 614-387-1110, FAX: 614-387-1109
ferguson@ocdp.state.oh.us