

CONTRACT

You are hereby authorized for the issues indicated below to advertise in *Northern Virginia Health & Life*:

_____ (Name of Company) _____ (Date)

CHECK ISSUE(S) AD WILL APPEAR IN:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> January/February | <input type="checkbox"/> May/June | <input type="checkbox"/> September/October |
| <input type="checkbox"/> March/April | <input type="checkbox"/> July/August | <input type="checkbox"/> November/December |

CHOOSE SIZE:

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Full Page | <input type="checkbox"/> Full Two-Page Spread | <input type="checkbox"/> Back Cover | <input type="checkbox"/> Website Sidebar |
| <input type="checkbox"/> 1/4 Page | <input type="checkbox"/> Inside Front Cover | <input type="checkbox"/> Website Banner | <input type="checkbox"/> Business Listing (text only) |
| <input type="checkbox"/> 1/2 Page | <input type="checkbox"/> Inside Back Cover | | |

AD RATE APPLIED:

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 1-2x | <input type="checkbox"/> 3-4x | <input type="checkbox"/> 5-6x |
|-------------------------------|-------------------------------|-------------------------------|

COST PER ISSUE: _____ **TOTAL COST:** _____

Name: _____ Title: _____

Company: _____

Address: _____ City/State/ZIP: _____

Phone: _____ Fax: _____ Email: _____

FORM OF PAYMENT

- Visa MasterCard American Express Check

Credit Card Number: _____

Expiration Date: _____ Security Code#: _____

- Billing Address is same as above

Address: _____ City/State/ZIP: _____

Phone: _____ Fax: _____ Email: _____

Make checks payable to DHA Publications:
DHA Publications/DavidHenry Agency
10 Prospect St., 2nd Floor
Westfield, NJ 07090

Please contact us via email: advertising@novahealthandlife.com

Signature of Advertiser: _____

Northern Virginia Health & Life Signature: _____