

ARTICULATOR ADVERTISING CONTRACT

We hereby agree to an _____ page ad at the rate of \$_____ per issue.
Ad size Ad rate

Please indicate the issue(s) desired: Please check all that apply:

◇ All four issues

◇ January

◇ July

◇ April

◇ October

FULL YEAR ADVERTISEMENT

We hereby agree to an _____ page ad at the rate of \$_____ per issue
Ad size Ad rate

Name of Advertiser/Firm _____

By: _____

Title: _____

Date: _____

TOTAL PAYMENT ENCLOSED:\$ _____

Please make all checks payable to : MPDS
P.O. Box 1305
Menlo Park, CA 94026
Fax 650-331-0541
Email-exec@mpds.org