



Order form for advertising with OAB

Please include your CHECK and return to:
Beth Abelow, - President
Attn: Ms. Gabriella Herscovici, - Administration
Ostomy Association of Boston (OAB)
30 Speen Street, Framingham, MA 01701
And e-mail ad as .pdf to : gabyhers@bostonoab.org

Company Name: _____

Contact: _____

Email: _____

Website: _____

Phone: _____ FAX: _____

Address: _____

City: _____ Zip Code: _____

(Please check off your selections below.)

OAB BULLETIN and OAB OSTOMY RESOURCE GUIDE (ORG)		
FULL PAGE	\$1,000	_____
HALF-PAGE	\$ 500	_____
QUARTER PAGE	\$ 200	_____
EIGHTH PAGE	\$ 100	_____

OAB WEBSITE AD - Pixel dimension is 400w X 200h.
ROTATING HOME PAGE AD + small description linked to your website on
OAB advertisers page.

1 year \$ 500 _____

GRAND TOTAL \$ _____

Please find a check enclosed for our advertisement and support of OAB for \$_____.