

## WOA Newsletter Advertising Rates

	1 Month	3 Months	6 Months	12 Months
¼ Page	\$75	\$200	\$375	\$800
½ Page	\$125	\$350	\$700	\$1,400
Full Page	\$250	\$750	\$1,450	\$2,900

### **ABOUT WOA NEWSLETTER:**

The WOA Newsletter is created and distributed by the WOA staff. It is a major resource for members, covering all current issues impacting optometry, patient care, practice management, third party reimbursement, legal issues, continuing education and more. The WOA Newsletter is received by all member doctors, member students, and nationwide affiliates (approximately 630 readers).

### **ACCEPTABILITY:**

All advertising is subject to approval by WOA staff and board of directors. WOA reserves the right to edit advertisement content or refuse an advertising request.

### **CHANGES/ CANCELLATIONS:**

No change or cancellation requests will be accepted after the first of the month preceding the newsletter issue date. All change and cancellation requests must be submitted in writing via email, mail or fax.

### **PAYMENT:**

Advertisers are required to send payment (credit card or check) with advertising materials to the WOA office. No ads will be published without payment.

### **ADVERTISING PLACEMENT:**

Advertising is rotated and interspersed throughout the newsletter, maintaining the decided advertisement dimensions. Courtesy is paid to special requests whenever possible.

### **COLOR:**

Our membership receives the newsletter by email and it is created in full color. Please consider this as you submit your advertising materials.

### **FORMATS:**

We will receive advertising material via email only. Please send content in the following formats: Microsoft Word, JPG/.JPEG, or PNG.

**PLEASE SEND ALL MATERIALS AND  
PAYMENT INFORMATION TO:**

**Wisconsin Optometric Association  
6510 Grand Teton Plaza, Suite 312  
Madison, WI 53703  
Phone: 608-824-2200  
Fax: 608-824-2205  
[www.woa-eyes.org](http://www.woa-eyes.org)**

**Email Submissions to Director of  
Communications Amanda Soelle at  
[amanda@woa-eyes.org](mailto:amanda@woa-eyes.org)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Advertisement Size (select one):

¼ Page     ½ Page     Full Page

Advertisement Term (select one):

1 Month     3 Months     6 Months     12 Months

Please run the following ad in these issues:

Jan.     Feb.     March     April     May     June

July     Aug.     Sept.     Oct.     Nov.     Dec.

### **PAYMENT INFORMATION**

My Payment of \$\_\_\_\_\_ is enclosed.

Paid By (circle one): Check    MasterCard    Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit V-Code: \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**ADVERTISING INFORMATION AND PAYMENT MUST BE  
RECEIVED BY THE FIRST OF THE MONTH TO BE  
INCLUDED IN THE UPCOMING WOA NEWSLETTER**

WOA Use Only

Received On \_\_\_\_\_ Approved on \_\_\_\_\_

Approved By \_\_\_\_\_