



THE
AMERICAN APITHERAPY SOCIETY INC.

CONTRACT FOR ADVERTISING IN THE JOURNAL

(valid through 12/31/09)

CONTRACT

This is an agreement regarding advertisement in *The Journal*, published by the American Apitherapy Society, Inc. This agreement is between the American Apitherapy Society (AAS), The Publisher and The Client, known as:

Client's name _____	Check or money order enclosed _____
Company Name _____	Visa/Master Card # _____
Address _____	Expiration date _____
City, state, zip _____	Name on card _____
Phone _____ fax _____	Address if different from that given for client:
E-mail address _____	_____

ADVERTISING POLICIES

Contract rates apply to ads run on a prearranged schedule or consecutively. See attachment for Rates and Schedule.

All payment **is to be prepaid by deadline** date indicated. Payment may be made by check, US Money Order, or Charge Card (Visa or Mastercard).

The publisher reserves the right to refuse any advertising and shall not be held liable for damages if, for any reason, he fails to publish the advertisement. The publisher is not responsible for any errors, key numbers, or other type prepared for the client.

The publisher reserves the right to place the word "advertisement" with copy that, in his opinion, resembles editorial matter.

Advertising rates are subject to change. The publisher will protect the client's rates and payment for 90 days following the institution of new rates.

All advertisements are accepted and published by the publisher upon the representation that the advertiser is authorized to publish the entire contents and subject matter thereof. In consideration of the publisher's acceptance of such advertisements for publication, the advertiser will indemnify and hold the publisher harmless from and against any loss or expense resulting from claims or suits based on the contents or subject matter of such advertisement, including, without limitation, claims or suits for libel, violation of the right of privacy, plagiarism and copyright infringements.

Agreed by AAS: _____	Agreed by Client _____
Date _____	Date _____

ORDER FORM (See Rates and sizes on Attached Sheet, valid through 12/31/09)

1) Ad size _____	2) Number of issues to run _____
3) Ad rate (see attachment) _____	and indicate which issues _____
4) Applicable discount _____	5) Amount sent to office or charged here _____

Make checks payable to: American Apitherapy Society, and send to AAS Office, at address listed below. For credit card payment, fax to AAS office. For questions, phone (207) 865 9016 or fax to (207) 865 0503 or e-mail to Susan Cherbuliez, Treasurer, scherbuliez@suscom-maine.net

500 Arthur Street, Centerport, NY 11721 631.470.9446 fax 631.693.2528
email: aasoffice@apitherapy.org website: www.apitherapy.org