

FSMS Web Site Home Page Banner Advertising Contract

Advertiser: _____

Contact Person: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Start Date: _____ End Date: _____
(Not to exceed 1 year)

Monthly Ad Fee \$300 + 7.5% Florida Sales Tax
(Business currently contracting for ad space in *The Florida Surveyor* deduct \$25 per month.)

TOTAL \$ _____

Payment Information Check (Payable to FSMS) AE/Visa/MasterCard

Card No. _____ Expiration Date _____

Credit Card Billing Address (if different from above)

Signature _____

We agree to the terms & conditions in the rate schedule above

(Signature)

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