



# NAMME

NATIONAL ASSOCIATION OF MEDICAL MINORITY EDUCATORS, INC.

## 2017 Advertising Information

Please fax this form to: 678-222-4234 with your payment to NAMME or mail to: 1231 J Collier Rd, Atlanta, GA 30318, Attn: Felicia D Kenan, MPA, CMP or e-mail to felicia.kenan@politics.org

### NAMME Career Center & Website fees

The NAMME website, <https://nammenational.org> is an online resource completely dedicated to Medical Minority Educators. Not only is it visited by its members, but also by anyone looking for job openings, information on Minority health, or on the association.

- All ads are to be submitted in Word Doc format.
- NAMME reserves the right to refuse ads based on content, format, etc.

Please select either:

Career Center ad \_\_\_\_\_

Website ad \_\_\_\_\_

Both \_\_\_\_\_

Single Website Posting	
\$ 75.00	for 30 days
\$ 110.00	for 45 days
\$ 200.00	for (3) months

Multiple Posting (</= 3 ads)	
\$ 150.00	for 30 days
\$ 185.00	for 45 days
\$ 275.00	for (3) months

Direct Member Distribution	
\$ 175.00	for one time distribution to membership

Multiple Direct Distribution (</= 3 ads)	
\$ 350.00	for one time distribution to membership



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## NAMME Career Center & Website fees

Please select either:

Career Center ad \_\_\_\_\_  
 Website ad \_\_\_\_\_  
 Both \_\_\_\_\_

## Advertising Order Form

<b>Company:</b>		
<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Position/Title:</b>		
<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>	
<b>E-mail:</b>		

Please indicate below what method of payment you require:

<b>Method of Payment Options:</b>	
Option 1:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express (see below for details)
Option 2:	<input type="checkbox"/> Check made payable to: NAMME Advertising (mail to Raleigh, NC address shown below)
<b>Amount: \$</b>	

NAMME is a 501(c) (3) organization; Tax Identification Number: 52-1391793

Card No:	Expiration Date: __/__/__
CVC#:	(Amex 4 digits front of card & MC/ Visa 3 digits back of card)
Cardholder's Name:	
Address associated with card if different from above:	
Signature:	