

2017 LAFP Advertising Agreement

Advertiser's Name _____

Company Name (if different from Advertiser) _____

Contact Name and Title _____

Street Address _____

City/State/Zip _____

Email Address _____ Phone _____

Payment: Total Amount _____

Check: Check Number: _____

Check Credit Card: MasterCard Visa Discover

Card Number _____ Exp Date _____

Name on Card _____ 3 Digit Code _____

Billing Address (if different from above) _____

Please return the completed agreement via email or fax. For any questions, please call the LAFP office at 225.923.3313

Fax: 225.923.2909

Email: info@lafp.org

919 Tara Blvd
Baton Rouge, LA 70806

Publication Choice	Frequency	Total Price
<u>www.lafp.org</u> Home Page Interior Page Page Choice: _____ _____		
<i>The Weekly Family Medicine Update Electronic Newsletter</i>		
<i>LAFP Career Center</i>		

NOTE: Limit of one discount or special offer per contract unless otherwise specified by LAFP. Bundle packages already reflect a discount and are not eligible for further discounts

1. Advertising is subject to the acceptance by LAFP as to character, layout, text and design.
2. LAFP will have no liability for errors in type.
3. LAFP will not be liable for any cost or damages if for any reason it fails to publish.
4. Placement of advertisements is at the discretion of the LAFP unless previously agreed to in writing.
5. The appearance of advertising does not imply endorsement of the advertised company or product nor will advertising be allowed to affect editorial decisions and content.
6. LAFP has the right to refuse any advertisement that is inappropriate or incompatible with the mission of LAFP.
7. Prohibited advertisement include: alcohol, tobacco, weapons, firearms, ammunition, fireworks, gambling, lottery, "miracle" cures, unsubstantiated health claims, and any directed at children.
8. Neither advertisers nor their agents may collect any personal information from any user viewing the advertisement.
9. Cookies, applets and other such files are prohibited.
10. The advertiser will indemnify and hold harmless the LAFP from and against any claims, loss, liability, or expense including any reasonable attorney fees arising from the publication of such advertisement, including without limitation those resulting from claims of suits for libel, violation or right of privacy, plagiarism and copyright and trademark infringement.

I hereby apply for advertisement space or classified space in an LAFP publication. I understand that when received by the LAFP, this application becomes a binding contract. By signing below, I acknowledge that I have read and fully understand the 2017 Advertising Terms and Conditions (below) and that advertisement/classified space can only be secured by submitting this completed and signed form. Full payment is included.

Signature: _____ Date: _____