EXPERT & REHABILITATION DIRECTORY 2018-19 ADVERTISING BOOKING FORM

PLEASE COMPLETE IN FULL

Name:	Telephone:			
Company Name:				
Address:				
Email:	Fax:			
Company's main type of work (for index purposes): (i.e. rehabilitation)				

Expert & Rehab Directory (black & white, annual publication)		Fee e	excl. VAT*	Incl. VAT	Please tick
Advert	Size (height by width)				
Quarter page	123mm by 87mm		£320.00	£384.00	
Half page:			£620.00	£744.00	
Vertical	272mm by 87mm				
Landscape	123mm by 185mm				
Full page	272mm by 185mm	Full	£1050.00	£1260.00	
		Inside back	£1130.00	£1356.00	
		Inside front	£1230.00	£1476.00	
Copy of new d (free copy prov	irectory <i>r</i> ided to advertisers)	Expert & Ref	nab £50.00	N/A	

*Enhanced expert subscribers should take 10% off the net figure before adding VAT.

The deadline for the Expert & Rehab Directory advert submission of your electronic copy is **Friday**, **18 May**, **2018**. The directory will be produced in June 2018.

Please supply black and white copy either to <u>sharon.smith@apil.org.uk</u>, on CD or disk. All adverts should be provided in PDF, Word or JPEG format.

Other data

PrintingOffset lithoCopyFlat art for monoScreenMono (black & white): 44/48 metricCamera ready artwork or film positives RRED

APIL will charge an additional £66.00 (inc. VAT) typesetting fee for each advert that is not ready for publishing in one of the above formats or in the correct colour format. Please see <u>Schedule 9</u> along with our <u>terms and conditions</u>.

<u>Payment must accompany this booking form</u>, advertising space will not be confirmed without this. Please see overleaf on how to pay.

PAYMENT DETAILS

Please indicate your chosen method of payment By cheque

I attach a cheque for the amount of £ _____

Or

By Card

Visa debit/Switch

MasterCard/Visa credit/American Express; see below

I authorise you to debit the following card account with the amount of £_____

My card number is:		Issue no:		
Start date:	Expiry date:	Card security code:		
Name (as on card):				
Cardholder's address:				

Signature _____

Or

By BACS

BACS payments can now be received for advertising.

Please contact our accounts department on 0115 943 5411, enter the reference number you are given in the following box ______ and return this form once completed.

• A VAT receipt will be issued on receipt of payment

Please return to:

Sharon Smith, Membership and Accreditation Manager APIL, 3 Alder Court, Rennie Hogg Road, Nottingham. NG2 1RX Tel: 0115 943 5400