

EXPERT & REHABILITATION DIRECTORY 2024-5 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 excl. VAT* | Inc. VAT | Please tick |
|---|------------------------------|------------------------|-----------|----------------|
| Sole directory sponsorship | | £2,890.00 | £3,468.00 | |
| Advert | Size (height by width) | | | |
| Double page | 420mm x 297mm + 3mm bleed | £2,625.00 | £3,150.00 | |
| Full page 297mm by 3mm bleed | 297mm by 210mm + | Inside front £2,100.00 | £2,520.00 | |
| | 3mm bleed | Inside back £2,100.00 | £2,520.00 | |
| | | Full £1,420.00 | £1,704.00 | |
| Half page | | £815.00 | £978.00 | |
| Vertical or | 297mm by 87mm | | | |
| Landscape | 124mm by 185mm | | | |
| Quarter page | 124mm by 87mm | £420.00 | £504.00 | |
| Copy of the Expert & Rehab directory (Advertisers receive a free copy) | | £75.00 | 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, 28th June, 2024.** The directory will be produced in July/August.

Please supply black and white copy to <u>sharon.smith@apil.org.uk</u>, adverts should be supplied as a hi-resolution PDF or JPEG with a minimum 300dpi and all fonts embedded.

APIL will charge an additional $\pounds75.00 + VAT$ 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 be made by copy deadline, please see above</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 \pounds (made payable to APIL)

Or

By Card

Visa debit/Switch

MasterCard/Visa credit 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 or at donna.humphries@apil.org.uk, 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 Services Manager APIL, 3 Alder Court, Rennie Hogg Road, Nottingham. NG2 1RX Tel: 0115 943 5400, email: sharon.smith@apil.org.uk

