

LAGPA SIXTEENTH ANNUAL LGBT PSYCHOTHERAPY CONFERENCE
 Co-hosted by Antioch University Los Angeles (AULA) and The LGBT Specialization
 Sunday, October 17, 2010 Antioch University Los Angeles, Culver City, CA 90230

Conference ADVERTISEMENT Order Form

Name _____ Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

I want an advertisement included in the conference print materials for LAGPA’s annual LGBT psychotherapy conference. This includes both the *Call to Conference* brochure and *Conference Program*. I am requesting the following advertisement size (Check One):

- \$ 60 Business Card Size
 \$ 95 ¼ page
 \$165 ½ Page
 \$245 Full Page
 \$415 Back Page
 \$495 Full Page Insert
on color stock

NOTE: If you pay twice the rates listed above, we will publish the same ad in our quarterly newsletter— *Progress Notes*— **for one year. This is less than half the usual cost for advertising in the PN for a year.**

Mechanical Information may be submitted in color:
 Full Page— 7.5”x10”; ½ Page (h)—7.5”x4.95”; ½ page (v) 3.7”x10”; ¼ page 3.7”x4.95”; Business Card 3”x2.5”
 Advertising Copy: You may either send up camera-ready copy or have us lay it out.

- Write your copy on the back of this form and mail it to Chuck Stewart.
- Email to Chuck Stewart a separate file in jpg, pdf, tiff, Word, Illustrator, or Photoshop format.
- Attach a business card and we’ll scan it into the document.

We reserve the right to make minor modifications as necessary, not affecting the ad content, to meet printing requirements. Current LAGPA or SCLMA members receive a 10% discount on all ads.

TO HAVE YOUR ADVERTISEMENT INCLUDED IN THE CALL TO CONFERENCE BROCHURE (WHICH IS DISTRIBUTED TO A LIST OF ALMOST 1,000 MENTAL HEALTH PROFESSIONALS AND ORGANIZATIONS) FULL PAYMENT IS REQUIRED BY JULY 1. ADVERTISEMENT REQUESTS RECEIVED AFTER JULY 1 WILL BE INCLUDED IN THE CONFERENCE PROGRAM DISTRIBUTED TO ALL CONFERENCE REGISTRANTS.

PAYMENT

CHECK: \$ _____ made payable to: LAGPA
OR
CHARGE: VISA Master Card Am. Exp. Disc.

 Name of Cardholder (as it appears on card) (print clearly)
 _____ Exp. Date ____/____
 Credit Card Number (print clearly)

 Authorizing
 Signature _____
 Total Amount To Be Charged \$ _____

Mail form, checks, and camera-ready copy to:
 Chuck Stewart
 LAGPA Executive Director
 3722 Bagley Ave. #19
 Los Angeles, CA 90034-4113

You may also email ad copy to LAGPA@sbcglobal.net If you are using credit card payment method, you may fax to 310-838-6769.

For additional information, call Chuck Stewart at 310-838-6247