

WOMENS RECOVERY NETWORK ADVERTISEMENT

SIGN UP FORM

NAME _____

ORGANIZATION NAME _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL/WEB _____

Banner advertisement Introductory offer :

\$75.00 per month

3 months at \$200.00

6 Months at \$400.00

Link (icon) listing your agency and agency link

Introductory offer

\$25.00 per month

6 months if paid up front discounted \$120.00

12 Months if paid in full up front \$200.00

WHICH FORM OF ADVERTISEMENT ARE YOU REQUESTING?:

Banner Link (Icon)

PLEASE CIRCLE ONE

HOW LONG WOULD YOU LIKE TO ADVERTISE?:

_____ MONTHS (# OF MONTHS)

START DATE OF ADVERTISEMENT

SPECIAL PROMOTIONS _____

PAYMENT OPTIONS

MAIL: Dr. Darlene Silvernail
 P.O. BOX 18745,
 WEST PALM BEACH FL 33416

PAYPAL (CREDIT CARD or CHECK:
 www.Paypal.com
PayPal Account (DocSilvernail@aol.com)

CONTACT INFORMATION

Dr. Darlene Silvernail, Phd, LMHC, CAP
PHONE: 561-276-9110 FAX 561-735-0985
EMAIL: DocSilvernail@aol.com

APPROVAL BY DR. SILVERNAIL

SIGNATURE

DATE