

WEBSITE BANNER ADVERTISING ORDER FORM

	Complete this	form and mai	il to TXD alo	ng with your pa	ayment.
Organization:					
Contact Name:		Title:			
Address:					
City: State	/Province:	Postal C	Code:	Country: _	
Telephone:		Cell:			
Email:		Website	::		
Billing Contact:	Phone:		Email:		
·	NNER A	ADVER or png file for as, please call Size e) x 74 pixels	mat only to <u>cr</u> 512-322-0404	ustsrv@texasde	
	2 Months	6 Months	9 Months	10 Months	Total
TXD Member (Div. 1 or 2) Rate	3 Months : \$250.00	6 Months \$450.00	9 Months \$650.00	12 Months \$850.00	Total:
TXD Member (Div. 3) Rate:		+			Total:
,	\$250.00	\$450.00	\$650.00	\$850.00	Total:
TXD Member (Div. 3) Rate:	\$250.00 \$350.00	\$450.00 \$550.00	\$650.00 \$750.00	\$850.00 \$950.00	Total: