

AAMA ANNUAL CONFERENCE ADVERTISING INSERTION ORDER FORM

Print Ad Size	Rate	Specs
Full Page	\$ 500	7-1/2" x 10"
1/2 Horizontal	\$ 400	7-1/2" x 4-3/4"
1/2 Vertical	\$ 400	3-5/8" x 10"
1/4 Vertical	\$ 325	3-5/8" x 4-3/4"

Special Placement

Only full-page ads are accepted for cover positions.

Design

The AAMA production staff will design ad copy free of charge for only AAMA state societies and chapters. A courtesy review will be sent to the ad purchaser after the submission deadline.

Deadline

July 1, 2025

Submission Instructions

Send completed insertion order, ad materials, and payment to the AAMA:

AAMA MarCom Department
20 N. Wacker Dr., Ste. 3720
Chicago, IL 60606

Fax: 312/899-1259

Email: MarCom@aama-ntl.org

Have questions? Call 800/228-2262 or
email MarCom@aama-ntl.org.



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS®

Select submission method:

- ☐ Ad is enclosed or has been emailed separately.
- ☐ Ad is requested to be designed by AAMA staff.
- ☐ Ad will follow (deadline: July 1).

Select intention of ad:

- ☐ In support of a candidate for office.
Candidate's Name: _____
- ☐ In thanks to a leader for their service.
Leader's Name: _____
- ☐ As an AAMA Annual Conference exhibitor.
URL: _____
- ☐ Other (e.g., to promote an upcoming conference)

The AAMA will use the photo/state logo on file, if not included, and send a copy of the ad for review after the submission deadline. Provide contact info below:

Name: _____

Title: _____

State/Chapter or Company: _____

Address: _____

Daytime Phone: _____

Email: _____

With the understanding that preferred positions are allocated on a first-call basis and are otherwise placed at the discretion of the AAMA, we submit the following order:

Size of Print Ad

- ☐ Full Page (\$500) \$ _____
- ☐ 1/2 Page Horizontal (\$400) _____
- ☐ 1/2 Page Vertical (\$400) _____
- ☐ 1/4 Page (\$325) _____

Special Placement of Print Ad

- ☐ Inside-Front Cover (\$550) _____
- ☐ Inside-Back Cover (\$550) _____
- ☐ Back Cover (\$600) _____

TOTAL: \$ _____

☐ Enclosed is a check or money order # _____ made payable to the AAMA in the amount of \$ _____

☐ Charge my: ☐ AmEx ☐ Visa ☐ MC ☐ Discover in the amount of \$ _____

Card #: _____ Expiration Date: _____

Name on Card: _____

Signature: _____