# ADVERTISING BOOKING FORM

Please complete the booking form and submit as a Word document to [marketing@dietitiansaustralia.org.au](mailto:marketing@dietitiansaustralia.org.au)

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| --- | --- |
| ADVERTISER DETAILS | |
| **Contact Name:** | **Member:** ☐ Yes ☐ No  If yes Dietitians Australia number: |
| **Business/Organisation:** |
| **Phone** (incl area code): | **Mobile:** |
| **Email:** | |
| **Address:** | |

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| --- |
| ADVERTISEMENT COMMENCEMENT DATE |
| Week commencing: \_\_ / \_\_/ \_\_\_\_\_ |

|  |  |
| --- | --- |
| ADVERTISEMENT TYPE (for pricing refer to the website) | |
| ☐  Practice rooms for rent or sale | ☐  Please issue an invoice | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PAYMENT DETAILS | | | | | | | | | | | | | | | | |
| **Amount of payment (AUD)** | $ | | | | | | | | | | | | | | | |
| **Payment method \*** | ☐ Credit Card | | | | | | | | | | | | | | | |
| **Credit card type** | ☐ Mastercard | | | | | ☐ Visa | | | | | | | | | | |
| **Credit card number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Credit card expiry date** | \_\_\_\_\_ / \_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Cardholder name** |  | | | | | | | | | | | | | | | |
| **Cardholder signature** |  | | | | | | | | | | | | | | | |

\* Please note: American Express/Diners or direct debit are not accepted. The advertisement will not be approved until payment is received.

# ROOM FOR RENT OR SALE details

Advertiser to complete and submit at time of booking. These are the details that will be displayed on the Dietitians Australia website.

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| --- | --- |
| CONTACT DETAILS | |
| Name |  |
| Organisation |  |
| Phone (including the area code) |  |
| Email |  |
| Website |  |

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| PRACTICE ROOMS FOR RENT OR SALE DESCRIPTION |
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