



Society for Clinical Data Management
DATA DRIVEN

2016 ADVERTISING INSERTION ORDER Data Connections

ORGANIZATION NAME: _____

CONTACT Name: _____

CONTACT Address: _____

CONTACT Phone: _____

CONTACT E-Mail: _____

DATA CONNECTIONS

	1x	3x	6x
Price Per Ad	\$350	\$330	\$315
Total	\$350	\$990	\$1,890

Number of Insertions: _____

Advertisement Hyperlink: _____

Amount Due: _____

Please select your preferred Insertion Issue:

January 5, 2016 (AD Deadline Dec 20, 2015)

July 6, 2016 (AD Deadline June 30, 2016)

March 2, 2016 (AD Deadline Feb 24, 2016)

September 7, 2016 (AD Deadline Sept 1, 2016)

May 4, 2016 (AD Deadline April 28, 2016)

November 2, 2016 (AD Deadline Oct 27, 2016)

Payment Required for Full Schedule

Invoice Full Schedule

Payment by Check

Credit Card Payment: Visa MasterCard American Express

Credit Card Number _____

Expiration Date _____ Name on Card _____

Remit to: SCDM North America Office

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