



New Zealand
Anaesthetic Technicians'
Society

ADVERTISING BOOKING FORM

www.nzats.co.nz

Please print clearly:

Name of Company and/or Hospital: _____

Contact person: _____

Position advertising for: _____

Invoicing address: _____

Phone _____ Fax _____

Email _____

Billing reference code (if required) _____

Please tick the number of months to book, and any additional weeks. The minimum booking is for *one calendar month*:

Calendar month (\$350 per month) 1 2 3 other (write number of months)

Start date of advertising: ____/____/____

End date of advertising: ____/____/____ Total cost: \$ _____

Recruitment Advertising on the NZATS Inc. website Terms and Conditions

- All advertisements are subject to being accepted by the NZATS Inc.
- Prices stated are inclusive of GST and are per calendar month.
- This form must be completed in full and sent to the address below, and an invoice will be issued by the NZATS Inc. Please state the length of time that you wish the advertisement to run (your advert can be for less than one month; however you will be invoiced for a full month).
- The fee of \$350 is for a supplied advertisement and should comply with the requirements listed on the Employment page of the NZATS website. Please contact us if you require an Ad to be created (cost is approximately \$120).
- Payment must be made within 28 days of the date of the invoice.
- All advertisements and general design enquires must be directed to info@nzats.co.nz
- Your advertisement will be uploaded within 48 hours of all the information being received.
- By signing below you agree to these terms and conditions.

Signature		Date	
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Please send this signed form to
info@nzats.co.nz

NZATS use only

Please date and initial:

Received: _____

Invoice sent: _____

Payment received: _____

Advert uploaded: _____

Advert removed: _____

