# FMSHK Official Website

## Web Banner Booking Form

**Web Banner:** (please tick the appropriate box)

- **Type A**
  - **Location:** Middle Column
  - **Size:** 500(W)x210(H) pixels
  - **Duration:** 1 month
  - **Rate:**
    - Member $15,000
    - Non-member $20,000

- **Type B**
  - **Location:** Right Column
  - **Size:** 200(W) x 200(H) pixels
  - **Duration:** 1 month
  - **Rate:**
    - Member $4,000
    - Non-member $5,000

**Advertising Period:** from * (DD/MM/YYYY) to * (DD/MM/YYYY) (one month for each booking)

**Advertising Rate:** __________________________ (Please refer to the above rates)

**PO No.:** __________________________ (Optional)

(Please make cheque payable to “The Federation of Medical Societies of Hong Kong”)

------------------------Advertisers’ Information:------------------------

**Contact Person:**

**Title:**

**Company:**

**Address:**

**Tel:** __________________________ **Fax:** __________________________

**Email:**

**Business Nature:**

**Signature & Chop:** __________________________ **Date:** __________________________