



THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

香港醫學組織聯合會

2017-2019

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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 _____ to _____ (one month for each booking)
(DD/MM/YYYY) (DD/MM/YYYY)

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: _____

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