

**2019 UPNAAI YEARBOOK ADVERTISING CONTRACT
 40th UPNAAI ANNUAL CONVENTION 2019
 Aboard Royal Caribbean's Ovation of the Seas
 Alaskan Cruise August 2-9, 2019
 August 1, 2019 Volunteer Day in Seattle**

You are authorized to insert a _____ page advertisement in the UPNAAI Yearbook to be published by UPNAAI for which the undersigned agrees to pay the sum of \$_____ and UPNAAI hereby agrees to insert paid advertisement for the agreed sum. Camera-ready ads are preferred. Please e-mail your ads to fulrose@cox.net c/o Lyvia Villegas with a back-up copy to maidaflor@yahoo.com c/o Maida Maybir. Advertisers who are unable to attend the convention and would like a copy of the Yearbook (YB) mailed to them, please e-mail Maida Maybir, provide your address, and send \$7.00 mailing fee (U.S. only) per YB. UPNAAI will not be responsible for mailing YBs outside the U. S.

Yearbook Ad Submission Deadline: May 1, 2019

ADVERTISEMENT RATE

Outside back cover..... \$ 400.00
 Inside front/back cover..... \$ 300.00
 Business: Full page..... \$ 150.00
 Half page..... \$ 100.00

 Patron (name only)..... \$ 25.00
 *All Alumni: Full page..... \$ 100.00
 ** Half page..... \$ 60.00

 Firm Name or Alumna/Alumnus

 Authorized Signature

 Business or Home Address

 E-mail address/Telephone number

*includes non-profit organization

**Not eligible to receive a YB. To receive a YB, must pay additional \$38.00 for the current cost of the YB.

Please make check/money order payable to: UPNAAI (NO ONLINE PAYMENT FOR YEARBOOKS)

Mail payment to: UPNAAI c/o Maida Maybir
 12458 Pine Creek Rd., Cerritos, CA 90703

Maida's Tel: (562) 883-2454

PAYMENTS MUST ACCOMPANY THIS CONTRACT

Ad Space _____ SOLICITOR _____

For Office Use:

Amount: _____ Date received: _____ By: _____

ADVERTISING CONTRACT RECEIPT

Received from _____

Sum of \$ _____ For _____ Page Ad in the Yearbook

Date _____ Treasurer's Signature _____

UPNAAI 2019 ALUMNI INFORMATION SHEET

First Name _____ Maiden Name _____ Married Name _____

Degree _____ Class Year _____ Spouse's Name _____

Other Degrees: _____ Institution _____ Year obtained _____

Home Address: _____

Mailing Address if different from above: _____

Home phone number: _____ Mobile phone number: _____

Preferred E-mail address _____

I am an UPNAAI Member (Please check): Life Member _____ Annual _____ Associate _____

If not a member, interested in becoming an UPNAAI Member? YES _____ NO _____

YOU MAY DOWNLOAD THE UPNAAI MEMBERSHIP FORM FROM THE UPNAAI WEBSITE

WWW.UPNAAI.COM

If necessary, you may attach additional sheet/s of paper for the following information:

Present position/hospital/institution:

Past positions/hospital/institutions the past 5 years:

Professional and socio-civic involvements:

Outstanding achievements/awards the past 5 years: