



**CANCER GUIDE SERVICE
Wellness Partners Directory
Website Advertising Agreement
www.CancerGuideService.com**

Date: _____ Account ID: _____

Company: _____

Contact Name: _____ Title: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Wellness Partners Directory

Add your logo within "Your Wellness Partners Directory" with a link to your Website. Your Logo will be viewed twelve (12) times per hour during a 24/7 time period.

Wellness Partners Directory

\$ 10,000 paid annually

The undersigned agrees to purchase advertisement space on the Cancer Guide Service website (www.cancerguideservice.com) as indicated above. Advertiser agrees to supply the logo in a jpeg or tiff format. Payment for the ad space shall be due and payable before placement of the logo. Payment may be made by check.

Please Make Check Payable to Cancer Guide Service

Please Print Name

Your Signature

Date

Please mail or fax completed form to:

Contact: Robert Nelsen
Cancer Guide Service
P.O. Box 493669
Redding, CA 96049-3669
TEL: (530) 246-1374 - FAX: (530) 232-2765