



L&D Degree Directory Application

Institution Name _____

Address _____

Contact Person _____ URL _____

Email _____ Phone _____

ATD L&D Degree Listing Options

Active for 12 months beginning in (Month/Year) _____

Enhanced Listing \$ _____ 750.00 _____

(Social Media Integration - Video, Case Studies, LinkedIn, YouTube, etc...)

Payment

_____ Invoice my company at the above address. I understand payment is due upon receipt of invoice.

_____ Credit Card: Email a secure online Credit Card Authorization form to: (insert name and email): _____

If paying by check, FAX signed and completed contract to Network Media Partners, Inc., 410-584-1998. You will receive an invoice and must MAIL check within 10 business days to Network Media Partners, Inc., 307 International Circle, Suite 190, Hunt Valley, MD 21030.

Signature: _____

Print Name & Title: _____

Date: _____

I hereby acknowledge that I am authorized on behalf of the Client to enter this Agreement. I have read, understand and agree to the terms and conditions of this non-cancelable agreement. Acceptance of this Agreement by the Account Executive does not waive the right of the Publisher to reject any Agreement for space or Creative.