

# MNZ ADVERTISING BOOKING FORM

Name of Advertiser.....Date.....

Contact Name (if different from above).....

Address (for receipt).....

.....

Tel: ..... Email: .....

Member of MNZ  Yes  No

## Advertising Requested (please tick as required)

Magazine  Website  Email to members

Expiry date for web advert if more than 2 months .....

**Size of magazine advert**  full page  half page  1/4 page  classified

**Placement magazine advert**  inside cover  inside

**Website**  ad block  events/adverts  classifieds

**Advertising Cost** \$..... minus 50% discount on lesser priced advert if doing both  
magazine and website (.....) = \$.....  
minus 15% discount for MNZ members only where there isn't already a member discount (.....)  
= \$..... Plus GST @ 15% (.....) = **Total cost** \$.....

**Please email your advertisement to [admin@massagenewzealand.org.nz](mailto:admin@massagenewzealand.org.nz)**

## Method of Payment:

Internet banking to ASB A/c 12-3178-0064216-00  
(Please include your business name when making an internet payment)  
Date paid .....

Crossed cheque made payable to 'Massage New Zealand' and enclosed with your booking form.

Credit Card number..... Expiry Date.....

Card Holder Name: .....Card Holder Signature.....

**Please send completed form (and payment if paying by cheque) to  
MNZ, PO Box 4131, Hamilton East 3247 or email to [admin@massagenewzealand.org.nz](mailto:admin@massagenewzealand.org.nz)**

This booking form will become a tax invoice upon payment.

GST No. 95-070-213