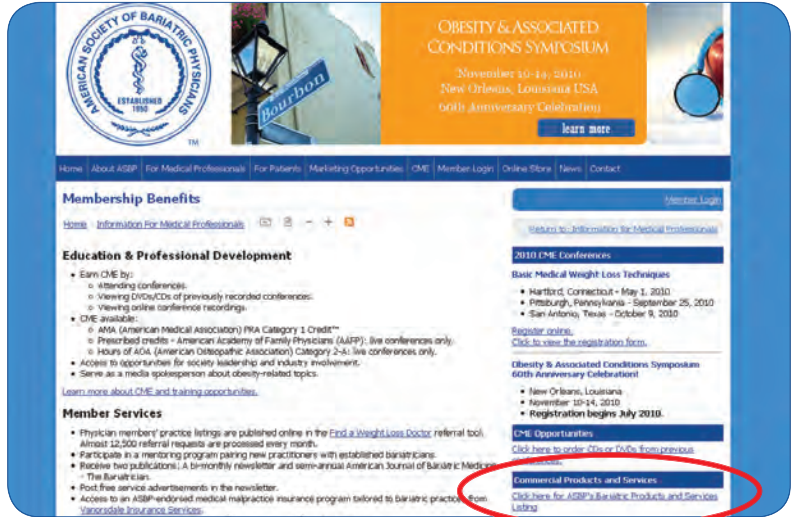


Website Listing Agreement

Corporations may pay a fee to be listed on the *Commercial Bariatric Products & Services* portion of the ASBP website. Contact information and a company/product description are included.



Contact and Payment Information

Company Name _____

Contact _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

I/we authorize placement on the ASBP website as indicated below: (select one)

- 1 month: \$150
- 3 months: \$400
- 6 months: \$700
- 1 year: \$1,300

Company Products and/or Services (limit 30 words): _____

Please charge my: Visa MasterCard AMEX Discover

Card # _____ Expiration _____

Check enclosed. Please make checks payable to ASBP (US dollars). (Returned checks subject to \$25 handling fee, finance charges based on original amount due & applicable bank fees.)

Signature _____

Note: The signer must be an agent/representative for, or an employee of, the advertiser.

Please return via fax 303.779.4834, or mail to:
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora CO 80014