



Opticians Alliance Of New York

Advertising Application

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

E-Mail Address _____

Web Site _____

Type of Ad _____

Rate (refer to Ad Rate Sheet) _____

Make Check Payable to Opticians Alliance of New York

If Business size card ad please provide 3 business cards with order

All ads should be camera –ready copy and in PDF or jpeg formats, and should be emailed to Office@OANY.org. Placement is not guaranteed and will be rotated on a monthly basis depending on the size of the newsletter. To view a copy of past newsletters go to www.oany.org and click on the newsletter link.

To advertise please contact
Andrew Cullen 516-234-4040

Mail Check to

Opticians Alliance of New York
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