

OSOT VENDOR DIRECTORY ADVERTISING ORDER FORM

Company: _____

Contact: _____

Address: _____ City _____ Postal Code _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Authorized Signature: _____ Date: _____

Vendor Directory Category Posting

(Please choose any categories from the list below that you wish to be listed under)

- Adaptive Equipment and Assistive Devices & Technology
- Augmentative and Alternative Communication Devices
- Community Support Services (E.g. Transport Services, Personal Support, etc.)
- Driver Rehabilitation Services and Products
- Home Accessibility/Safety Products and Services
- Professional Services (E.g. Translation Services, Lawyers, Accountants, etc.)
- Seating and Mobility Devices & Equipment
- Sensory Aids and Equipment
- Therapy Supplies, Equipment, and Assessment Tools

Cost

Annual Subscription \$750 = _____ 60 Days Subscription \$150 = _____

HST 13% = _____

Total = _____

Payment

MasterCard Visa Cheque (payable to OSOT) *HST #R104002092*

Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____ Signature: _____

**PLEASE RETURN COMPLETED FORM ALONG WITH 150 WORD SUMMARY AND LOGO IN .JPG FORMAT
BY EMAIL:**

Ontario Society of Occupational Therapists • 55 Eglinton Ave E., Suite 210 • Toronto, ON • M4P 1G8 •

Tel: 416-322-3011 • Fax: 416-322-6705 • Email: osot@osot.on.ca

This completed form constitutes a contract for display advertising on the OSOT website indicated above. Cancellation must be supplied in writing to OSOT 2 business days prior to posting of advertisement in order to avoid financial penalty.