

**WEBSITE - PRODUCT ADVERT PLACEMENT FORM**

*Epilepsy South Africa reserves the right to decline applications that prove not to be beneficial to people with epilepsy.*

**INFORMATION REQUIRED FOR SCREENING BEFORE PLACEMENT CAN BE GUARANTEED**

Contact Name and Surname: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

**BEFORE PLACEMENT WILL BE CONSIDERED, THE FOLLOWING IS REQUIRED IN ADVANCE**

- Jpeg photo of your logo and one of the product(s) or service(s) if applicable.
- A short description of your product(s) and how it can benefit people with epilepsy. (250 words)
- A short company profile and information of what service(s) you will provide to people that will be referred to you via our website. (Mission, Vision and Services/Activities).

**OUR COMMITMENT**

- The advertisement will be clearly visible and presented as information is obtained by the advertiser.
- The advertisement will be monitored and feedback presented to the advertiser if/when required.
- A link to your website will accompany the advert placed on our website.
- The advertisement will be removed if/when required.
- Notification of renewal will be considered before continuing a term.

**QUANTITY PLACEMENTS REQUIRED (MARK WITH X)**

Monthly Renewed:	Quarterly Renewed:	Annual:
R600 per month <input type="checkbox"/> Mark 1 below	R420 per month <input type="checkbox"/> Mark 3 below	R300 per month <input type="checkbox"/> List start month below
= R600 paid monthly in advance	= R1260 paid quarterly in advance	= R3600 paid annually in advance
J F M A M J J A S O N D <input type="checkbox"/> (months from January to December)	J F M A M J J A S O N D <input type="checkbox"/> (months from January to December)	J F M A M J J A S O N D <input type="checkbox"/> (months from January to December)



## **PRODUCT ADVERT PLACEMENT REQUIREMENTS**

- Jpeg photo of your logo
- Jpeg photo of the product(s) (all high resolution).
- A short (250 words) description of your product and how it can benefit people with epilepsy.
- A short company profile and information of what service you will provide to people that will be referred to you via our website.

## **CONTACT DETAILS**

Address: National Office  
PO Box 12100  
N1 City  
7463  
Cape Town, SA

Telephone and Fax: (+27)21 595 4900 (+27)21 595 4901

Email Address: marketing.no@epilepsy.org.za or  
info@epilepsy.org.za

Web Address: www.epilepsy.org.za

## **BANKING DETAILS**

Account Holder: Epilepsy South Africa  
Bank: First National Bank  
Branch Number: 200309  
Account Type: Cheque  
Account Number: 5012006868

Placement of adverts on the Epilepsy South Africa website will be dependant on payment from the advertiser renewed as per Section A selected/agreed interim. This will include a link to the Advertiser's website and a short description of the benefits to people living with epilepsy.

Please note that we will only refund 85% of the original payment upon cancellation of the placement and non payment will result in no placement.

Payment will be accepted in ZAR, US Dollars and British Pounds only, please consult the Marketing Department of Epilepsy South Africa regarding the daily exchange rates to agree upon your rate.

Please return a copy of this form to the Marketer, Epilepsy South Africa National Office.

First time advertiser:

Renewal:

Name and Surname:

Signature:

Date:

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