





Christian Science Nursing Network

Vision Now!
Advertising

Name _____
Company _____
Address _____

City _____
State _____
Country _____
Zip / Country Code _____
Telephone-Main _____
E-mail Address _____

Publication Date(s): _____
Number of Ads: _____ **Size of Ad: 1/4, 1/2, Full** _____
Advertising Total \$ _____

<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Card Number: _____							
Expiration Date: _____				Card Code: _____			

If paying by check, make check (in US Funds)
Payable to: **CSNN** & mail with this form to:

Christian Science Nursing Network, Inc.
5103 South Sheridan Road, #403
Tulsa OK 74145-7627