

# **SOUTH AFRICAN GASTROENTEROLOGY REVIEW**

## **COST ESTIMATE 2016**

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

Postal Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

VAT Number: \_\_\_\_\_ Email: \_\_\_\_\_

Product: \_\_\_\_\_ Order number: \_\_\_\_\_

### **ISSUE:**

March  August  November

### **AGENCY:**

YES  NO

### **SIZE:**

A4  DPS  1/2 PAGE  INSERT  WRAP AROUND

**OTHER:** \_\_\_\_\_

**Price per insertion:** \_\_\_\_\_ (Prices exclude VAT of 14%)

Position: \_\_\_\_\_ Material: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_