

Public Relations

Client Agreement

Please fax your completed agreement to 312-455-9491 or email to Info@AIMDentalMarketing.com

Client Information

Practice Name: _____

Client's Name: _____

Phone: _____ Email: _____

Website: _____

Street: _____ City: _____ State: _____ Zip: _____

Service Description

ADM agrees to devote best efforts to assist in promoting Client's customized message to three select media as follows:

NAME OF MEDIA	CONTACT INFORMATION
1) _____	_____
2) _____	_____
3) _____	_____

Upon receipt of this Agreement, Consultant will contact Client to agree on over all strategy and specific tactics.

Press Release Design and Placement Fee

Set Up: \$ _____ • **Monthly:** \$ _____ (WAIVED for Climb For A Cause/SmileTree Branch Offices)

Term: _____ Months

(Service will be reviewed upon Termination of Term and will only continue with mutual agreement of Client and ADM)

Agreement

I have read and understand this Agreement and agree to abide by its terms.

Signature: _____

Print Name: _____ Date: _____



take AIM with your marketing

747 Brighton Circle | Port Barrington, Illinois 60010
p: 800.723.6523 | f: 312.455.9491 | www.AIMDentalMarketing.com