

OHS DIRECTORY 2020/2021 Edition Advertising Booking Form

Return this form **on or before 26 February 2020** to michelle.baker@mediamarx.co.za

COMPANY NAME			
BOOKED BY (FULL NAMES)			
TELEPHONE	()	FAX	()
EMAIL ADDRESS			
Do you have an existing account with LexisNexis: YES/NO Account Number: _____			

Added Value: Book two or more adverts and receive a 10% discount
Advertisers receive **THREE** company text listings – please include your entry on Page 2

COVERS	excl. VAT	TICK HERE
Inside Front Cover (full colour)	R7 800	<i>Booked</i>
Inside Back Cover (full colour)	R7 200	<i>Booked</i>
SERVICE PROVIDERS SECTION (Indicate your Section booked below)		
Double Page Spread (Full Colour) - <u>1 x DPS available per Section</u> (placed upfront)	R7 000	
Full Page (black & white only)	R5 500	
Half Page (black & white only)	R2 750	

TICK THE SECTION YOUR ADVERT MUST APPEAR	TICK HERE
OHS Professional Bodies	
Suppliers of Safety Products	
Diagnostic Services	
Environmental Management Consulting Services	
First Aid Training	
Health and Safety Consulting Services	
Implementation of ISO Standards	
Inspection Authorities and Assessments	
Occupational Hygiene	
Publications	
Quality Control and Assurance	
Risk Management	
Signs	
Software	
Training & Development	

ARTWORK DUE DATE: 9 March 2020 (Final Artwork)

Covers (PDF)	Trim: 210 mm (l) x 105 mm (w) – Bleed 5 mm – Type area must be within 10 mm all round
DPS (PDF)	Type size only; 190 mm (l) x 160 mm (w) – N.B. Add 5 mm bleed all round and tick marks
Full Page (JPEG)	Type size only: 190 mm (l) x 80 mm (w) N.B. Include a 1 pt thickness border in BLACK
Half Page (JPEG)	Type size only : 93mm (l) x 80 mm (w) N.B. Include a 1 pt thickness border in BLACK

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Advertisers' Company Listing Update Entry Form [\(Maximum 3 entries\)](#)

Important Notice

LexisNexis will not be held responsible for the inaccurate or non-display of listing information due to the late or non-submission of all relevant update information. Under such circumstances, the advertiser remains liable for full payment as per this Advertiser Booking Confirmation Form. This Booking Form signifies acceptance of these terms.

Return this form **on or before 9 March 2020** to michelle.baker@mediamarx.co.za

Company name:	
Physical Address:	
Postal Address:	
Telephone number:	
Fax number:	
Cell number:	
Contact Person: (full name including title, first and last name)	
E-mail address:	
Website address:	
Accreditation(s) / Departmental Endorsements: (e.g. ISO, SANS, Department of Labour)	
Products:	
Services:	
CATEGORIES AVAILABLE	
Select a MAXIMUM OF THREE Categories	
OHS Professional Bodies	TICK
Suppliers of Safety Products	
Diagnostic Services	
Environmental Management Consulting Services	
Exhibitions	
First Aid Training	
Health and Safety Consulting Services	
Implementation of ISO Standards	
Inspection Authorities and Assessments	
Occupational Hygiene	
Publications	
Quality Control and Assurance	
Risk Management	
Signs	
Software	
Training and Development	