

MENTAL HEALTH MATTERS

COST ESTIMATE 2025

Company: _____ Telephone: _____

Postal Address: _____ Fax: _____

_____ Cell: _____

VAT Number: _____ Email: _____

Product: _____ Order number: _____

ISSUE:

January ☐ March ☐ May ☐ July ☐ September ☐ November ☐

AGENCY:

YES ☐ NO ☐

SIZE:

A4 ☐ DPS ☐ 1/2 PAGE ☐ COVER ☐ INSERT ☐ WRAP AROUND ☐

OTHER: _____

Price per insertion: _____ (Prices exclude VAT of 15%)

Position: _____ Material: _____

Name: _____

Signed: _____

Date: _____