



COMPANY NAME		CONTACT PERSON
TELEPHONE	E-MAIL	TITLE
MAILING ADDRESS		
CITY	STATE	ZIP
BILLING ADDRESS		
CITY	STATE	ZIP

AD SIZE (Please Check One) ☐ FULL page ☐ 1/2 page ☐ 1/4 page ☐ 1/8 page

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OF ISSUES _____ ISSUE DATE(S): ☐ Jan/Feb ☐ March/April ☐ May/June ☐ July/August
Check all that apply

TOTAL COST _____ (SEE RATE SHEET) ☐ Sept/Oct ☐ Nov/Dec

☐ Check Enclosed ☐ MasterCard ☐ VISA ☐ Amex

Card # _____ Expiration Date _____ Security Code _____

 (AUTHORIZED SIGNATURE)

 (DATE)

ALL ADVERTISEMENTS MUST BE PREPAID