

Advertising Insertion Order Form

Advertiser

Contact Name _____ Bill to: Advertiser Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail _____

Agency (if applicable)

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail _____

ISSUES

January June
 February July/August
 March September
 April October
 May November/December

AD SIZE

Full Page 1/4 Page
 2/3 Page 1/6 Page
 1/2 Page Classified Ad
 1/3 Page No. of words: _____

AD MATERIAL

Ad
 New - Due by: _____
 Repeat - Pick-up from: _____

RATE FREQUENCY

1 Time 6 Times
 3 Times 10 Times

COLOR & POSITION

4 Color Black and White
 Position _____

Insert
 New - Due by: _____
 Repeat - Pick-up from: _____

TOTAL COST PER AD

Prepayment required for first-time advertisers

Total Gross Cost _____

Less 15% Agency or Supplier Member

Discount _____

Total Net Cost _____

Business Reply Cards
 New - Due by: _____
 Repeat - Pick-up from: _____

Authorized Signature: _____ Date _____

Unless otherwise noted, all ads will be invoiced during the same month they are scheduled to run.

For more information, please contact Nik Rubicz

Complete this form and e-mail or fax to Nik Rubicz
 Fax 630.587.6308 | nrubicz@ANFPonline.org