



# EDGE EXPRESS ADVERTISING INSERTION ORDER FORM

**Advertiser Name:**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: \_\_\_\_\_

**AD INFORMATION***The materials deadline is the 15<sup>th</sup> of the month before the issue date.**Edge Express* ad may be static or animated. 550 W x 100 H URL the ad will link to:  
(7 seconds recommended. No looping, please.) \_\_\_\_\_**Edge Express Sponsorship and Advertising Opportunities****CE Article Sponsor:** Logo appears in CE article (ANFP Marketplace purchased version), sponsor recognition in Edge Express, and promotion in monthly CE special newsletter. The article will be free to members for 1 month, giving your click thru rate a boost of 20%! **\$2,500/issue****Banner Ad:** Exclusive banner ad directly below CE article in Edge Express e-mail: **\$1,100/issue****Please check off the option(s) you are choosing:****MONTHS OF SPONSORSHIP**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> February | <input type="checkbox"/> August   |
| <input type="checkbox"/> April    | <input type="checkbox"/> October  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December |

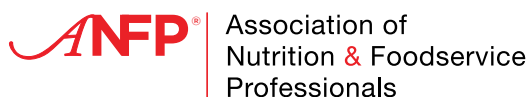
**MONTHS OF ADVERTISEMENT**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> February | <input type="checkbox"/> August   |
| <input type="checkbox"/> April    | <input type="checkbox"/> October  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December |

**TOTAL COST PER ARTICLE SPONSORSHIP:** \_\_\_\_\_**TOTAL COST PER BANNER AD:** \_\_\_\_\_**GRAND TOTAL:** \_\_\_\_\_

Unless otherwise noted, the ad will be invoiced during the same month it is scheduled to run.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact [events@ANFPonline.org](mailto:events@ANFPonline.org)  
**Complete this form and e-mail or fax to:**  
[events@ANFPonline.org](mailto:events@ANFPonline.org) | Fax: 630.587.6308**Association of Nutrition & Foodservice Professionals**  
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