



# VENDOR SOLUTIONS CENTER INSERTION ORDER FORM

**Advertiser Name:**Contact Name: \_\_\_\_\_ Bill to:  Advertiser  Agency

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Agency (if applicable):**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**MONTHS (6-Month Minimum)**

- |                                   |                                |                                    |                                   |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> April | <input type="checkbox"/> July      | <input type="checkbox"/> October  |
| <input type="checkbox"/> February | <input type="checkbox"/> May   | <input type="checkbox"/> August    | <input type="checkbox"/> November |
| <input type="checkbox"/> March    | <input type="checkbox"/> June  | <input type="checkbox"/> September | <input type="checkbox"/> December |

**Duration:**

- 6 Months: \$125/month net  
 12 Months: \$100/month net

Details on managing your company's Vendor Solutions Page will be given to you upon receipt of payment in full. Instructions on creating your company page including company bio, banner ads, videos, photos, and product specification information will be shared within 30 days of your first month.

Advertisers will be responsible for maintaining their respective site and ANFP will provide site analytics upon request.

**TOTAL COST:***\*rates are net and non-commissionable*

Total Number of Months: \_\_\_\_\_

**Total Net Cost:** \_\_\_\_\_

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

You will be billed in full for your total months selected.

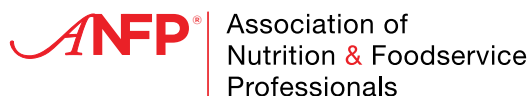
***Delinquent invoice payments may result in a hold on future orders until delinquent account has been paid in full.***

Cancellation policy: Cancellations must be received in writing no later than 30 days from program start date.

Full payment due upon receipt of invoice.

*Available to ANFP Corporate Partners only.*

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**  
 406 Surrey Woods Drive | St. Charles, IL 60174  
 Phone: 800.323.1908 | Fax: 630.587.6308 | [www.ANFPonline.org](http://www.ANFPonline.org)