

Advertising Order Form

ADVERTISING CONTACT INFORMATION

NAME: _____

COMPANY NAME: _____

PREFERRED ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE: _____ OFFICE MOBILE

PREFERRED EMAIL: _____ OFFICE PERSONAL

ADVERTISEMENT INFORMATION

COMPANY NAME: _____

ADVERT SIZE: FULL PAGE HALF PAGE QUARTER PAGE

ADVERT ISSUE PLACEMENT: Q1-JANUARY Q2-MAY Q3-SEPTEMBER Q4-NOVEMBER

ADVERT POSITION: COVER 2 COVER 3 COVER 4 OTHER: _____

ADVERT FREQUENCY: 1X 2X 4X 8X OTHER: _____

RATE: \$ _____

BILL TO *(if different from advertising contact)*

NAME: _____

COMPANY NAME: _____

PREFERRED ADDRESS: _____

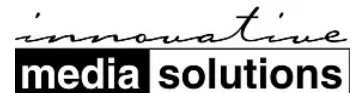
CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE: _____ OFFICE MOBILE

PREFERRED EMAIL: _____ OFFICE PERSONAL

AUTHORIZED BY (PRINT): _____

SIGNATURE: _____ DATE: _____



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