

Advertiser Information

Organization Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Contact Person: _____ Title: _____
 Contact Person's Signature: _____ Date: _____
 Email: _____ Company Web Address: _____

Agency Information

Agency Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Agency Representative: _____ Title: _____
 Representative's Signature: _____ Date: _____

Bill Agency Bill Advertiser

Space Reservation

Note: Please indicate under "Ad Size" if ad is vertical or horizontal. For Directory Cards, please indicate under "Directory" if the ad is a single or a double in the row of the month the ad should start.

Issue	Ad Size	Color	Ad Rate	Agency Discount	Ad Cost	Preferred Position	Directory
January	_____	_____	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____	_____	_____