

Advertiser Information

Advertiser Name: _____ Title: _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Ad Agency (if any): _____ Title: _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

* Required

Ad Type*

- 2 page Spread

- Full Page

- Back Cover

- 1/2 Page – Horizontal

- 1/2 Page – Vertical

Frequency Rate*

- 1X \$

- 2X \$

- 3X \$

- 4X \$

- FREE Associate Ad Issue:

Issue Date(s)*

- Issue I (February)

- Issue II (May)

- Issue III (August)

- Issue IV (November)

Color*

- 4-Color Process

- Black & White

- Spot Color

- Match Color

Placement*

- Inside Front Cover

- Inside Back Cover

- Back Cover

- Standard

Contract Questions?
 Call or e-mail Kevin Rubin with any questions.
 630.457.3246
 kevinru@aasonline.com

Authorizing Signature: _____

Date: _____

I have read and understood the Terms and Conditions: _____
Initial Here