

# FNDC2009 Official Program Insertion Order

Name of Advertiser \_\_\_\_\_ Booth # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

Advertisements to be published (one form for each ad):

- |  |   |
|--|---|
| <input type="checkbox"/> 7 1/2" x 7 1/4" Back cover (3/4 page) | <input type="checkbox"/> 7 1/2" x 4 3/4" 1/2 page (H) |
| <input type="checkbox"/> 7 1/2" x 10 1/8" Front inside cover   | <input type="checkbox"/> 3 5/8" x 9 3/4" 1/2 page (V) |
| <input type="checkbox"/> 7 1/2" x 10 1/8" Back inside cover    | <input type="checkbox"/> 3 5/8" x 4 3/4" 1/4 page     |
| <input type="checkbox"/> 7 1/2" x 10 1/8" Full page            |   |

**COLOR:**    Black & White    4 color process    2 color

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Payment Method:

Check   Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Visa    MasterCard

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (of card holder) \_\_\_\_\_

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*For FNDC office use only*

Advertisement Received  Formatted  Digital

Payment Processed \_\_\_\_\_

Signature of FNDC representative \_\_\_\_\_