



## ADVERTISING INSERTION ORDER FORM

Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Advertising Agency (if applicable):  
 Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Billing instructions:  Bill advertiser directly  Bill ad agency

Ad Description/Headline: \_\_\_\_\_

Ad is new/not changing.  
 (New material is due the first of the month, two months prior to issue date)

Ad has run previously in MDAvisor (issue date: \_\_\_\_\_)

Ad Size:  Full (Non-Bleed) PG  ½ Horizontal PG  ¼ PG

Color:  Black & White  4-Color

Issues:  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_

Rate Level:  1X  2X  4X

Cost per insertion: \$ \_\_\_\_\_