

SAMPE Journal Insertion Order

Advertiser Information

Date: _____
Name: _____
Advertiser: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____
Web-site: _____

Agency Information

Name: _____
Agency: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____
Web-site: _____

Production Information (please use mechanical specifications listed on SAMPE Journal Rate Card)

_____ **New ad**
_____ **Pick-up from** _____

Frequency:

_____ **1 issue** _____ **3 issues** _____ **7 issues** _____ **Other** _____
_____ **2-page spread** _____ **Full page**
_____ **2/3 page** _____ **1/2 page island**
_____ **1/2 page vert.** _____ **1/2 page horiz.**
_____ **1/3 page vert.** _____ **1/3 page square**
_____ **1/4 page** _____ **1/6 page**
_____ **Resource Center** _____ **Spot Ad**
_____ **Company Logo** _____ **Business Card**

Position request:

While every effort will be made to provide requested position, final layout will determine placement, however, "guaranteed placement requests" are guaranteed.

Additional instructions:

The advertising space order above was accepted verbally. Please check all information for accuracy, indicate corrections as necessary, sign and return this copy. Thank you for your order!

Ad Cost

Space Charge (per issue) \$ _____
Position Charge \$ _____
Subtotal \$ _____
Total (per issue) \$ _____

Signature

Date

Fax orders to SAMPE Journal Advertising Department: +1805.658.1471; +1626.331.0616 ext. 642 or E-Mail: sampeads@aol.com
Materials to Jennifer Stephens, SAMPE 1161 Park View Dr., Ste 200 • Covina, CA 91724; +1626.331.0616, ext. 623; E-Mail: jennifer@sampe.org

Method of Payment*

_____ **Check/Money Order** _____ **VISA** _____ **MasterCard**

_____ **American Express** _____ **PO** _____ **Bank Draft**

Account _____

Exp. Date _____

Signature _____

Special billing instructions

*Net amount is due 30 days from invoice date. Make checks payable to SAMPE