

ADVERTISER'S NAME _____ NEW **SALES REP** _____

Contact Name _____

Contact Email _____

BUSINESS ADDRESS/PHONE *(Required for new accounts)*

Street _____

City _____ State _____ Zip _____

Phone _____

BILLING Mail *(Invoices will be sent by email unless this box is checked)*

Billing Email _____

Billing Recipient Name _____

Street _____

City _____ State _____ Zip _____

Attach Copy: Purchase Order/Insertion Order # _____

HEADLINE OF AD (SLUG) _____

PRINT CHARGES

Open Rate University Rate Non-Profit Classified Display Puzzle Sponsorship Gatefold Jewel Box

Frequency Week # _____ of _____

(Attach Copy of Contract with 1st form)

Get Acquainted Week # _____ of 6

(Attach Copy of Contract with 1st form)

Back Page 6 x 1.5 6 x 2

Pop-Out Pop-Out with 2nd Ad

Inserts Post-It Notes

Other: _____

RUN DATE	SIZE OF AD	PRICE
_____	_____ Columns Wide X _____ Inches Tall	_____
EXTRA CHARGES		
<input type="checkbox"/> Full Color @ 35% (up to max. of \$480)		_____
<input type="checkbox"/> Placement @ 15% Page Requested: _____		_____

NON-PRINT CHARGES

	DATE(S)	DETAILS (Type, number of locations, etc.)	PRICE
<input type="checkbox"/> Newsstand Posters	_____	Quantity: _____	_____
<input type="checkbox"/> Chalking	_____	Quantity: _____	_____
<input type="checkbox"/> Flyers	_____	Quantity: _____	_____
<input type="checkbox"/> Bulletin Boards	_____	Quantity: _____	_____
<input type="checkbox"/> Design/Printing extra charges	_____	_____	_____
<input type="checkbox"/> TV Displays	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

DESKTOP, MOBILE & OTHER DIGITAL CHARGES

	START DATE	END DATE	IMPRESSIONS	\$ RATE	PRICE
<input type="checkbox"/> Banner	_____	_____	_____	_____	_____
<input type="checkbox"/> \$10 University Rate <input type="checkbox"/> \$11 Standard Rate <input type="checkbox"/> \$12 National Rate <input type="checkbox"/> \$15 Specified Banner Rate					
<input type="checkbox"/> Takeover <input type="checkbox"/> Desktop <input type="checkbox"/> Mobile <input type="checkbox"/> Combo	DATE(S) _____				
<input type="checkbox"/> Sidekick	DATE(S) _____				
<input type="checkbox"/> Tweet	QUANTITY _____	DATE(S) _____			
<input type="checkbox"/> Email Banner	DATE(S) _____				
<input type="checkbox"/> Text Links	QUANTITY _____	DATE(S) _____			
<input type="checkbox"/> Sponsored Content	DATE(S) _____				
<input type="checkbox"/> Other _____	DETAILS _____				

PAYMENT INFO

CC # _____ Exp. _____ V Code _____

Name on Card _____

Address of Cardholder _____

City _____ State _____ Zip _____

Send Credit Card Receipt OFFICE USE: Auth # _____ Date _____

TOTAL CHARGES ON THIS FORM: _____

TOTAL PAYING NOW: _____

Check # _____ Cash

Credit Card On Acct.

BALANCE / CREDIT: _____