



DISPLAY AD INSERTION REQUEST for

MONTHLY PUBLICATION OF THE SENIORS ASSOCIATION

Please print the following information:

Company Name

Contact name of the person authorized to place advertisements for the company

email

Address

City/Prov/Postal Code

Area Code

Telephone Number

Area Code

Fax Number

I/We wish to place the following insertion order:

Price _____ Size _____ Four Colour B & W

Instructions/Comments

Single Insertion Only Month/Year of Issue _____

Multiple Insertions: # of insertions _____ to begin _____ every _____
(Month/Year) (Frequency)

Preferred Placement: (extra 20%)

Month/Year of Issue _____ Frequency _____

Placement Details _____ Price _____

Payment terms: Full payment is due within 30 days from date of invoice.

If this is a first insertion, full payment for the initial ad is required with placement of this order.

Credit Card One-time use Continual billing

Card # _____ Exp Date _____ Visa/Master Card

Cheque - payable to **Seniors Association Kingston Region** Invoice Cash/debit

Signature of Company's Authorized Agent

Date

Deadlines: Insertion Order – last Friday two months prior to issue date
Material – 1st Friday one month prior to issue date