



MSDA Newsletter Advertising Insertion Order Form – 2019

CONTACT INFORMATION

COMPANY _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

RATE INFORMATION

ADA/MSDA Member Endorsed Partner Business Affiliate Nonmember

Ad Rate: \$ _____ # of Issues: _____ Total Amount Due: \$ _____

PAYMENT INFORMATION

Check* (made payable to MSDA) VISA MasterCard AMEX Discover

CARD NUMBER _____ EXP _____

CARDHOLDER NAME _____ BILLING ZIP _____

CARDHOLDER SIGNATURE _____ CVV _____

***PLEASE NOTE: MSDA REQUIRES CREDIT CARD INFORMATION TO BE PROVIDED EVEN IF THE ADVERTISER IS PAYING BY CHECK.**

I understand that my ad will not run if payment and artwork is not received by the specified due date.

SIGNATURE _____ DATE _____

AD TYPE

Display Classified
 (Display ad placement requests are not accepted other than for the back cover.)

AD FREQUENCY

1-issue Multiple-Issues
 Mark the issue(s) your ad is to run in.

Issue	Due Date
<input type="radio"/> January	12/10
<input type="radio"/> February	1/10
<input type="radio"/> March	2/10
<input type="radio"/> April	3/10
<input type="radio"/> May	4/10
<input type="radio"/> June	5/10
<input type="radio"/> July	6.10
<input type="radio"/> August	7/10
<input type="radio"/> September	8/10
<input type="radio"/> October/November	10/01
<input type="radio"/> December	11/10
Total No. of Issues _____	

DISPLAY AD SIZE

1/8 horizontal 1/8 vertical
 1/4
 1/2 horizontal 1/2 vertical
 full page Insert

BACK COVER DISPLAY AD PLACEMENT

I agree to pay an additional 30% of my display cost to run on the back cover.

IF payment is not received within 60 days of the invoice date, MSDA reserves the right to charge the ad fee to the credit card on file.

CLASSIFIED WORKSHEET (6 WORDS PER LINE)

TOTAL WORDS: _____