

SAMPE Journal Insertion Order

Advertiser Information

Date: _____
Name: _____
Advertiser: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-mail: _____
Web-site: _____

Agency Information

Name: _____
Agency: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-mail: _____
Web-site: _____

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

New ad
Pick-up from _____ issue or issues

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!

Signature _____ Date _____

Fax advertising orders to
SAMPE Journal Advertising
Department: +1 805/658-
1471.
+1 626/331-0616 ext. 642 or
E-Mail: sampeads@aol.com

Advertising materials to
Jennifer Stephens, SAMPE
1161 Park View Drive, Suite
200 • Covina, CA 91724; +1
626/331-0616, ext. 623; E-
Mail: jennifer@sampe.org

Method of Payment*

Check/Money Order	VISA	MasterCard
American Express	PO	Bank Draft

Account _____
Exp. Date _____
Signature _____

Ad Cost

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

Special billing instructions

*Net amount is due 30 days from invoice date.

Make checks payable to SAMPE