

Advertising Insertion Order Form

Advertiser: _____
(Please complete as you would like your company name to appear in the advertiser index)

Contact Person: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Billing Information

Agency/Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Purchase Order #: _____
(If applicable)

Indicate below how artwork will be sent.

Files supplied on (check one): ☐ CD ☐ 100MB Zip

☐ Via Web file transfer server at: <http://services.ism.ws/ISMFileTransfer/fileuploadform.cfm>

☐ Pick up from previous issue: Month/Year ____/____

Frequency: _____ Contract Period: Beginning _____ Ending _____

Issue: ☐ January ☐ February ☐ March ☐ April ☐ May
☐ June ☐ July ☐ August ☐ September ☐ October
☐ November ☐ December

Guide: ☐ Conference Navigator (April)

Color: _____ Size: _____ Position: _____

*Gross Rate: _____ *Net Rate: _____ Discounts (if applicable): _____

*Rates quoted are per ad (month)

First-time advertisers, please complete the following information.

(Order will not be accepted without this section completed.)

Number of Employees: _____ Annual Sales: _____

Business Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Date Business Established: _____

Tax Payer ID #: _____ Dun & Bradstreet #: _____

Credit Application May Be Requested.

I agree to all advertising rates and terms on the current rate card.

Signature/Title: _____ Date: ____/____/____

Please print your name as signed above: _____ (Please retain a copy for your records.)

ISM Sales Representative