

To: **PUBLISHER OF REUNIONS MAGAZINE**

929 E Townsend St, Milwaukee WI 53212 ♦ Phone 414-263-4567 ♦ Fax 414-263-6331



INSERTION ORDER

Please publish advertising of:

Company _____

Contact Person _____

Address _____

Phone _____

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E-mail _____

For (name of product or business if different from above)

MAGAZINE	Issue	Space Closing	Materials Due	Online Date
	<input type="checkbox"/> V22N3 February/March/April	1/13/12	1/20/12	2/1/12
	<input type="checkbox"/> V22N4 May/June/July	4/13/12	4/20/12	5/1/12
	<input type="checkbox"/> V23N1 August/September/October	7/13/12	7/20/12	8/1/12
	<input type="checkbox"/> V23N2 November/December/January 2013	10/13/12	10/20/12	11/1/12
WORKBOOK	Issue	Space Closing	Materials Due	Mail Date
	<input type="checkbox"/> 12th Edition Reunions Workbook	1/16/12	1/23/12	3/5/12

SPACE	2/3 page	1/2 page	1/3 page
<input type="checkbox"/> full page	<input type="checkbox"/> horizontal	<input type="checkbox"/> horizontal	<input type="checkbox"/> horizontal
<input type="checkbox"/> bleed	<input type="checkbox"/> vertical	<input type="checkbox"/> vertical	<input type="checkbox"/> vertical
<input type="checkbox"/> 1/4 page	<input type="checkbox"/> 1/6 page	<input type="checkbox"/> 1/9 page	<input type="checkbox"/> 1/12 page
<input type="checkbox"/> horizontal	<input type="checkbox"/> horizontal	<input type="checkbox"/> vertical only	
<input type="checkbox"/> vertical	<input type="checkbox"/> vertical		

COLOR	Black & White	4-color	2-color
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSITION	inside front cover	inside back cover	outside back cover
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Special request (will be honored, if possible)		<input type="checkbox"/> R.O.P. (Run of Publication)

RATE _____ per issue based on number of issues _____

ADDITIONAL INSTRUCTIONS

BILLING Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

AUTHORIZED BY Name _____ Date _____

Signature _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____