METROWEEKLY

ADVERTISING INSERTION ORDER

Organization: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Website URL: _____

Contact Name: _____

Contact Title: _____

Alternate Phone: _____

Alternate Billing Address: _____

City: _____ State: _____ Zip: _____

New Insertion Order? _____ New Long-Term Contract? _____ insertions

(circle one) Weekly Bi-Weekly Variable

Run Dates: _____

Size (circle one): Full 2/3 2/3 Jr. 1/2 horiz. 1/3 sqr. 1/3 vert. 1/6 horiz. 1/6 vert. 1/12 1/24

Color (circle one): Yes No

Position requested: _____

Ad Content: _____

Rate per Ad: _____ Total for this Schedule (Net): _____

Notes: _____

Designer: _____

I authorize the placement of display advertising for the number of insertions indicated below.
I agree to abide by the general terms and conditions posted at http://www.metroweekly.com/advertise/?ak=display
Ads will run consecutively, unless indicated otherwise.

_____

Authorized Signature Print Name Title Date

_____

Metro Weekly Representative Print Name Date

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