

Print Insertion Order

Advertiser name		Date
Ad/Insert Title		P.O. #
Phone	Fax	Email
Mailing address		

Today's Christian Doctor

- | | | |
|---------------------------------------|---------------------------------|--|
| Issue <input type="checkbox"/> Spring | <input type="checkbox"/> New Ad | <input type="checkbox"/> Repeat Ad (from issues _____) |
| <input type="checkbox"/> Summer | <input type="checkbox"/> New Ad | <input type="checkbox"/> Repeat Ad (from issues _____) |
| <input type="checkbox"/> Fall | <input type="checkbox"/> New Ad | <input type="checkbox"/> Repeat Ad (from issues _____) |
| <input type="checkbox"/> Winter | <input type="checkbox"/> New Ad | <input type="checkbox"/> Repeat Ad (from issues _____) |

Run same ad in future issues until notified to stop running the ad. (This requires 3 months notification, 2 months to change ad)

- Size**
- Full Page Half Page – H
- Third Page – V Third Page – SQ Quarter Page Sixth Page
- Color B/W B/W with spot color, PMS # _____

Position – NOTE: all ads less than ½ page will be placed in our advertising section.

Cost/Payment

- Price of ad per insertion \$ _____ (see rate sheet)
- Profit Non-profit
- Payment enclosed (required of ALL new advertisers; payable to CMDA)
- Bill to account (account must be approved prior to placement of advertising)
- Payment for multiple issues will be billed quarterly

Submission

All ads must be submitted in digital form. High Resolution PDF is acceptable. They can be e-mailed to Margie.shealy@cmda.org or delivery address for sending disk is: General Mail: CMDA, P.O. Box 7500, Bristol, TN 37621 or shipping address: CMDA, 504 Old Jonesboro Rd., Bristol, TN 37620.

(Authorized signature)

(Date)