

# **IIABO INSERTION ORDER**

Date: \_\_\_\_\_

Insertion For IIABO Oregon Agent OnLine Newsletter / Content Placement Ad

## **ADVERTISER INFORMATION:**

Agency / Company Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## **INSERTION SCHEDULE:**

### **ISSUE**

### **AD TYPE**

### **RATE**

- |                                     |                      |   |
|-------------------------------------|----------------------|---|
| <input type="checkbox"/> Jan 2017   | Content Placement Ad | <input type="checkbox"/> 1 Issue @ \$100.00   |
| <input type="checkbox"/> Feb        | in Oregon Agent      | <input type="checkbox"/> 3 Issues @ \$250.00  |
| <input type="checkbox"/> Mar        | OnLine               | <input type="checkbox"/> 6 Issues @ \$450.00  |
| <input type="checkbox"/> April      |                      | <input type="checkbox"/> 12 Issues @ \$800.00 |
| <input type="checkbox"/> May        |                      |   |
| <input type="checkbox"/> June       |                      |   |
| <input type="checkbox"/> July / Aug |                      |   |
| <input type="checkbox"/> Sept       |                      |   |
| <input type="checkbox"/> Oct        |                      |   |
| <input type="checkbox"/> Nov        |                      |   |
| <input type="checkbox"/> Dec        |                      |   |

**TOTAL:** \_\_\_\_\_

**PAYMENT INFORMATION: All payments are to be PREPAID prior to first insertion date by cc or check.**

Credit card number \_\_\_\_\_ Exp. \_\_\_\_\_ V Code \_\_\_\_\_

I will be charged in accordance to the above insertion schedule. Your ad will be picked up from the previous month. No cancellations will be accepted prior to the "Press Date" or a \$50.00 cancellation fee will apply. No cancellations will be accepted without written notification. Please note that your below signature is permission for IIABO to periodically communicate via email & fax.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Your signature accepts responsibility of this insertion schedule)