



2019 ASFMRA Membership Directory Order Form

Email to jedwards@asfmra.org

Insertion Order Deadline: December 10, 2018

Advertiser Name/CompanyName* _____

Contact Name* _____

Street Address _____ City, State, Zip* _____

Phone* _____ Fax _____

Email Address* _____

** Required Information*

PREFERRED AD PLACEMENT

All ads will appear in the General Membership section. If you have a specific ad placement page request, please mark below. Preferred ad page placement is not guaranteed. All efforts will be made to meet placement requests.

Check one box only.

- Place ad on the following page: Last Name, First Name, State (e.g., Smith, Bob, Colorado) _____
- Place ad in the following section: State (e.g., Nebraska) _____
- No page ad placement preference

Materials Deadline: December 14, 2018

PAYMENT INFORMATION

Quarter Page Ad (3.25" w x 4.75" h – black and white only)	\$ 150 x _____ = \$ _____
Half Page Ad (7" w x 4.75" h – black and white only)	\$ 300 x _____ = \$ _____
Full Page Ad (7" w x 9.5" h – black and white only)	\$ 600 x _____ = \$ _____
Premium Full Color Page	\$1,000 x _____ = \$ _____

(7" w x 9.5" h – full color) **\$2,500 – Exclusive Opportunity**

Inside front cover Inside back cover

Total = \$ _____

PAYMENT METHOD

- VISA
- MasterCard
- Please invoice me
- Check payable to ASFMRA attached

Credit Card Number _____

Expiration Date _____

Name on Card _____

Billing Address for Card (if different that address listed above) _____

Signature _____