

McGee Publishers · 217 E. Alameda Ave., #207 · Burbank, CA 91502 · (800) 675-7563 · Fax (818) 843-3489

Advertiser: _____ Issue Month: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ FAX: _____

E-Mail Address: _____

Agency: _____ Send Invoice To: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Contact: _____ Contact: _____

Phone: _____ FAX: _____ Phone: _____ FAX: _____

E-Mail Address: _____ E-Mail Address: _____

AD COST

Space Rate

- ☐ One Time Rate: \$ _____
- ☐ Six Time Rate: \$ _____
- ☐ Twelve Time Rate: \$ _____

Color

- ☐ 4-Color Process: \$ _____
- ☐ Publishers Choice: \$ _____
- ☐ PMS-Specify #(s): \$ _____
- ☐ Bleed (10%): \$ _____
- ☐ Guaranteed Position (10%): \$ _____
- ☐ Other: \$ _____

SUBTOTAL: \$ _____

Reply Card/Insert

- Space: \$ _____
- Printing: \$ _____
- Other: \$ _____
- SUBTOTAL: \$ _____
- TOTAL COST: \$ _____

AD INSTRUCTIONS

Ad Headline or ID#:

Artwork Status

- ☐ New Ad Copy _____
(date materials will arrive)
- ☐ Pick Up (specify month) _____

Position Requested

(not guaranteed) _____

Coupon code

- ☐ No
- ☐ Yes (please specify) _____

Revisions Required

- ☐ No
- ☐ Yes (please specify)

Special Notes:

AD SIZE

- ☐ Full Page
- ☐ 2/3 Page
- ☐ 1/2 Horizontal Page
- ☐ 1/2 Vertical Page
- ☐ 1/3 Horizontal Page
- ☐ 1/3 Vertical Page
- ☐ 1/4 Page
- ☐ 1/6 Page
- ☐ 1/6 Page
- ☐ 1/8 Page Directory Only

MONTHS

Please check off all of
the appropriate months
in which your ad is to ap-
pear in the coming year.

Year _____

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> JANUARY | <input type="checkbox"/> JULY |
| <input type="checkbox"/> FEBRUARY | <input type="checkbox"/> AUGUST |
| <input type="checkbox"/> MARCH | <input type="checkbox"/> SEPTEMBER |
| <input type="checkbox"/> APRIL | <input type="checkbox"/> OCTOBER |
| <input type="checkbox"/> MAY | <input type="checkbox"/> NOVEMBER |
| <input type="checkbox"/> JUNE | <input type="checkbox"/> DECEMBER |
| <input type="checkbox"/> DIRECTORY | <input type="checkbox"/> TBD |

Index-Product Shopping Page-Billing Information

Advertiser Name to be listed in the Index of Advertisers: _____

Requested Product Page Listing Categories: _____

Send Leads To: _____

Closing date is the 8th of the preceding month. Advertisers are held responsible for space cancelled after the closing date.

By signing below, Advertiser and Agency acknowledge that they have read and agree to the foregoing terms and conditions and the terms and conditions set forth in that certain document attached hereto entitled "McGee Publishers, Inc. Additional Terms And Conditions For Print Advertising" which terms and conditions are incorporated within this Contract at this place and by this reference as if set forth in full."

Authorized Signature Advertiser: _____ Date: _____

Authorized Signature Agency: _____ Date: _____

By signing the above I acknowledge that I have read and agreed to McGee Publishers' Terms and Copy Regulations.