

ADVERTISING INSERTION ORDER

COMPANY: _____
 CONTACT: _____
 TITLE: _____
 ADDRESS: _____
 CITY, ST, ZIP: _____
 PHONE: _____
 FAX: _____
 EMAIL: _____
 OTHER: _____
 CREDIT CARD: _____
 MC VISA AMEX NUMBER EXP. (00/00) CODE#

SIGNATURE: _____

AD SIZE: FULL-PAGE HALF-PAGE QUARTER-PAGE

SPECIAL POSITION: _____

FREQUENCY: _____

ISSUE DATES: _____

AD COST: _____

TOTAL DUE: _____

AD REP: _____

ADDITIONAL _____

INSTRUCTIONS: _____

Order requires signed Insertion Order with your payment to:

Mort Walker's THE BEST OF TIMES
 61 Studio Rd.
 Stamford, CT 06903

Advertiser is responsible for submitting ad artwork which meets print specifications by Materials Due Date for the issue(s) requested.

