



Advertising Order

Associate Membership Plan Year 2010

Business name: _____

Contact: _____

Title: _____

Contact phone: _____ Contact fax: _____

Contact email: _____

Billing address: _____

_____ ZIP _____

◆ **Issue/Ad Size** (see rate card for dimensions and technical requirements):

Winter '10 __ Full pg __ 1/2 pg. (H) __ 1/2 pg. (V) __ 1/3 pg.(H) __ 1/3 pg.(V) __ 1/4 pg. __ Bus. Card

Spring '10 __ Full pg __ 1/2 pg. (H) __ 1/2 pg. (V) __ 1/3 pg.(H) __ 1/3 pg.(V) __ 1/4 pg. __ Bus. Card

Summer '10 __ Full pg __ 1/2 pg. (H) __ 1/2 pg. (V) __ 1/3 pg.(H) __ 1/3 pg.(V) __ 1/4 pg. __ Bus. Card

Fall '10 __ Full pg __ 1/2 pg. (H) __ 1/2 pg. (V) __ 1/3 pg.(H) __ 1/3 pg.(V) __ 1/4 pg. __ Bus. Card

◆ **Gold and Silver Associate Members: If purchasing more than one ad, indicate the issue you would like your complementary ad to appear in:**

_____ Winter _____ Spring _____ Summer _____ Fall

Please note: IAMU now accepts payments by credit card. To pay by credit card, please enter a phone number where an authorized representative of your company can be contacted:

A representative of IAMU will call to obtain information.

◆ **Email (jburnett@iamu.org) or fax (515-289-2499) this form to John Burnett at IAMU.**

◆ **See rate card for space and materials deadlines and ad shipping information.**