

Advertising Insertion Order

DATE*:											
PRODUCT,		BILLING ADDRESS*:									
ADVERTISED*:					Name:						
CONTACT PERSON*:					Street:						
Phone*: Fax:					City/State/Zip						
Email*:					NOTE: Pre-payment in full is required for all first time insertions. Advertiser will be invoiced per issue thereafter.						
Street:											
City/State/Zip:											
*Required fields						Indicate amount enclosed: \$					
_	Ad Frequenc	· ·		□ 2x □ '	1x						
Issue	Year	sing Rate Card for Back Cover	Spread	Full Page	2/3	1/2	1/3	1/4	1/6	Cost	
Spring											
Summer											
Fall/Winter											
								1	TOTAL		
Advertising		Date:									
Comments or Special Instructions:											
		_									
Method of Payment:											
☐ Visa ☐ MasterCard Card #:					Exp. Date: CVV#:_				VV#:		
Print name as i	t appears on ca	ard:									
Cancellations or changes in orders cannot be accepted after the published closing date. All copy elements are subject to Publisher approval. Advertiser and/or its agency acknowledges receipt of and agrees to the terms and conditions included in the publications current rates.											
not paid within	n 30 days of inv	ed for all first time voice date, a 1.59 due 60 days. Plea	% interest rate	e will be chan	ged per m	onth on p	ast due a	ccounts. A	Ads will b	e subject to	
Signature re	Signature required:Ti						Title:Date:				

Please return this signed contract with payment to:

Marketing & Communications Coordinator

USPC • 4041 Iron Works Parkway • Lexington, KY 40511

Phone: 859-254-7669, ext. 236

Fax: 859-233-4652

Email: advertising@ponyclub.org

Please send ad material to:

Liz Moyer, Marketing & Communications Coordinator 4041 Iron Works Parkway • Lexington, KY 40511 Phone: 859-254-7669, ext. 224 Fax: 859-233-4652 Email: advertising@ponyclub.org