

WFA Advertising Insertion Order

Company _____		Contact Name _____	
Address _____		City _____	State _____ Zip _____
Phone _____	Fax _____	Email _____	

Fair Dealer							Amount
Size	1 Issue	2-3 Issues	4 Issues	1X	2-3X	4X	
Back Cover	\$1,000	\$950	\$800	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inside Covers	\$750	\$710	\$600	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Full Page	\$600	\$570	\$480	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
½ Page	\$360	\$340	\$290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
¼ Page	\$180	\$170	\$145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marketplace	\$100	\$95	\$80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Nonmembers add 20 percent</i>		<i>Multi-issue orders are charged quarterly</i>			Total		_____

Date List & Membership Directory (Members only)				Amount
Size	1 Year		1X	
Back Cover	\$2,000		<input type="checkbox"/>	_____
Inside Covers	\$1,200		<input type="checkbox"/>	_____
Dividers	\$800		<input type="checkbox"/>	_____
Full Page (Color)	\$600		<input type="checkbox"/>	_____
Full Page (B/W)	\$400		<input type="checkbox"/>	_____
½ Page (Color)	\$350		<input type="checkbox"/>	_____
½ Page (B/W)	\$250		<input type="checkbox"/>	_____
			Total	_____
Preferred divider location _____				_____

Mini Date List & Membership Directory (Members only)			
Size	1 Year		1X
Back Cover	\$1,000		<input type="checkbox"/>
Inside Covers	\$600		<input type="checkbox"/>
Full Page (B/W)	\$200		<input type="checkbox"/>
			Total

Pocket Guide (Members only)			
Size	1 Year		1X
Back Cover	\$500		<input type="checkbox"/>
			Total

For Convention, Podcast, and other Sponsorship opportunities, please email Chris@fairsnet.org

Authorized Signature _____ Grand Total _____

Payment

Check Amount _____ Check# _____

Visa MasterCard American Express Discover

Amount _____ Account Number _____ Exp. _____ CVC _____

Billing Address _____ City _____ State _____ Zip _____

Name on Card _____ Authorized Signature _____