

Parachutist

official publication of the united states parachute association

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2010 ADVERTISING INSERTION ORDER FORM

Company Name _____
(as it should appear in published Advertiser Directory)

Representative Name _____
(print)

E-Mail _____

Phone Number _____

AD SIZE/TYPE

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Spread | <input type="checkbox"/> Full Page | <input type="checkbox"/> 2/3 Page | <input type="checkbox"/> 1/2 Page Horizontal |
| <input type="checkbox"/> 1/2 Page Vertical | <input type="checkbox"/> 1/3 Page Square | <input type="checkbox"/> 1/3 Page Vertical | <input type="checkbox"/> 1/6 Page Horizontal |
| <input type="checkbox"/> 1/6 Page Vertical | <input type="checkbox"/> 1/12 Page | | <input type="checkbox"/> Classified
(print text on back) |

COLOR 4-color Black & White (BW not available on Spread) BLEED (1/2 page or larger only)

PLACEMENT _____

CHECK MONTHS TO RUN: ALL 12 MONTHS

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Order Total \$ _____ Payment Method Check Money order MasterCard VISA

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____ / _____

Name on Card _____

Billing Address _____

Signature _____ Date _____

Fax completed form to: (540) 604-9741 Attn: Parachutist Advertising

-OR-

E-mail completed form to: communications@uspa.org