

WRITERS' Journal

Display Advertising Insertion Order

If you require assistance in completing this order form, please call: 218-346-7921.

Please FAX this form to: 218-346-7924 or mail it to: Val-Tech Media, P.O. Box 394, Perham, MN 56573

Date: _____

Space in WRITERS' Journal is hereby ordered subject to conditions stated below.

Advertiser

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Fax: _____

Web site: _____ E-mail: _____

Agency/Accounting (If applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Fax: _____

Web site: _____ E-mail: _____

For advertising guidelines, ad requirements, closing dates, and terms and conditions please see our online media kit at: <http://www.writersjournal.com/newonlinemediakit.htm>.

Issues (Circle): **J/F** **M/A** **M/J** **J/A** **S/O** **N/D**

Rate Frequency (Circle): **1 Time** **3 Times** **6 Times**

Ad Size (Circle): **Full Page** **Half Page (horizontal)** **Half Page (vertical)**
Quarter Page **Eighth Page** **Specialty Advertising/Insert**

Position (Circle if applicable):

Cover 2 (inside front) **Cover 3 (inside back)** **Cover 4 (back)**

(Circle one):

Black & White **Color**

Rate: Please see our rate card, or visit: [WRITERS' Journal Online Media Kit](#) for our detailed ad rates. If you have been quoted an ad rate, please state the name of the ad representative. We allow the standard 15% commission to recognized ad agencies.

Rate:

Name of authorized WRITERS' Journal ad representative:

*****FIRST-TIME CUSTOMERS: YOUR FIRST INSERTION MUST BE PAID IN ADVANCE*****

To pay by check, print out this form and mail it with your check, payable to:

Val-Tech Media
PO Box 394
Perham, MN 56573

To pay by credit card (Visa or MasterCard):

Card Number _____ Expiration Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Thank you! A WRITERS' Journal representative will contact you to confirm your order.

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