

Salesperson: _____

Fax Back to (951)-698-2241

ADVERTISER INFORMATION
Advertiser:
Address:
City/state/zip:
Contact:
Phone:
Email:
Fax:

CONTRACT PERIOD: *through*

BILL TO: **ADVERTISER** **GROSS**
 AGENCY **NET**

AGENCY INFORMATION
Agency:
Address:
City/state/zip:
Contact:
Phone:
Email:
Fax:

MATERIAL CONTACT
Phone:

ADVERTISING SCHEDULE		
	Space Close	Materials Due
Issue #1 - <input type="checkbox"/>		
April 4, 2005	March 14	March 21

Issue #2 - <input type="checkbox"/>		
Sept. 19, 2005	August 22	August 29

Issue #3 - <input type="checkbox"/>		
Dec. 5, 2005	Nov 11	Nov 18

AD SIZE & RATE	
Size of Ad: Full page <input type="checkbox"/>	1/2 page horizontal <input type="checkbox"/>
1/4 page <input type="checkbox"/>	1/2 page vertical <input type="checkbox"/>
Color: <input type="checkbox"/> 4/Color <input type="checkbox"/> 2/Color <input type="checkbox"/> BW	
Artwork: <input type="checkbox"/> New Due:	
Disk: _____ Email:	
<input type="checkbox"/> Repeat From:	
Space \$ _____	per ad
Gross	
Agency%	
Net Total \$ _____	per ad

Special Instructions:

Signature/Title

Date

Send New Advertising Materials to:
 CMP Media, LLC., C/O InformationWeek
 600 Community Dr., Manhasset, NY 11030
 Attn: Rich Maresca, 516-562-5151

