

To: **PUBLISHER OF REUNIONS MAGAZINE**

929 E Townsend St, Milwaukee WI 53212 ❖ Phone 414-263-4567 ❖ Fax 414-263-6331



INSERTION ORDER

Please publish advertising of:

Company

Contact Person

Address

Phone

Fax

E-mail

For (name of product or business if different from above)

MAGAZINE	Issue	Space Closing	Materials Due	Issue & Online Date
	<input type="checkbox"/> V28N1 Reunion Celebrations	2/12/18	2/20/18	3/1/18
	<input type="checkbox"/> V28N2 Reunion Celebrations	8/14/18	8/23/18	9/1/18

SPACE 2-Page Spread Full page 1/2 page 1/3 page 1/4 page 1/9 page vertical 1/12 page square

bleed bleed horiz. horiz. horiz.

vertical vertical vertical

4-COLOR

POSITION inside front cover inside back cover outside back cover

Special request (will be honored, if possible)

RATE _____ Net rate per issue billed by Reunions Magazine, Inc.

ADDITIONAL INSTRUCTIONS

BILLING Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

AUTHORIZED BY Name _____ Date _____

Signature _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____