

MCVFA Advertising Contract

Contact Name:		Date:
Company Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
Email:	Web Site:	
Please See Page 2 for Order I	nformation. The Following Must Be Fil	led Out to Process Your Order.
Bill: □ Client		
Accts. Payable (Contact):		
Phone:	Fax:	
Address (if different from above):		
City/State/Zip:		
I AGREE TO THE TERMS AND CONDITIONS	SPECIFIED IN THE CURRENT RATE CARD.	
Signature:		
Title:		Date:
If faxed, the sender intends the tra	insmitted copy to be an original counterpa	ırt.

SEND OR FAX AD CONTRACT TO:

Susan Dyer, Advertising Manager 644 Elm Street, Marlborough, MA 01752 Phone: 443-994-3350 susan@sdyerdesign.com

ORDER INFORMATION

Please select the quarter in which you wish to advertise.

SMOKE SHOWIN' magazine

Publication	S	ize		Cost
□ Winter - Artwork due December 18 (ships 1st week February)				
□ Spring/Summer - Artwork due April 18 (ships 1st week June)				
□ Fall - Artwork due August 18 (ships 1st week October)				
WEB SITE www.mcvfa.org				
Ad Placement	Month(s)		Position	Cost
□ Entire Site				
□ Homepage				

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