

National Funeral Directors Association

NFDA - The Director



Advertising Insertion Order

Advertising (Company													_	
Contact Pers	on													_	
Address														_	
City								_ State			Zip			_	
Phone						F	Fax							_	
E-mail						W	ebsite							_	
Billing Agend	cy/ Compan	<u>ıy</u> (if differ	ent)												
Contact Pers	on													_	
Address														_	
											Zip			_	
Phone						F	Fax							_	
E-mail						W	ebsite							_	
Place checkr	mark (X) in	months y	our advertis	sement is to	appear in	The Directo	r magazine	and the Co	onvention Pr	ogram					
YEAR	JAN	FEB	Mar	Apr	May	JUN	DOM	JUL	Aug	SEPT	CONV PROG	0 CT	Nov	DEC	
2009															
2010 Reserve	11/5	12/5	1/5	2/5	3/5	4/5	4/5	5/5	6/5	7/5	7/5	8/5	9/5	10/5	
Materials	11/15	12/15	1/15	2/15	3/15	4/15	4/15	5/15	6/15	7/15	7/15	8/15	9/15	10/1	
Cancellations	must be	received in	writing on	or before t	he space re	servation de	eadline. No	cancellation	s or alterat	ons of spa	ce will be acce	pted after	the space	<u>deadline</u>	
☐ 4 color ☐ Black/W	hite /			Full page 2/3 vertic 2/3 horizo 1/2 island	ontal - 7" :	x 6"		/3 square · /3 vertical	tal - 7" x 5 - 4-1/2" x ! - 2-1/8" x tal - 7" x 3	5" 10"	☐ 1/4 sqi ☐ 1/4 ho ☐ 1/6 vei ☐ 1/6 ho	rizontal - 7 rtical - 2-1	'" x 2-1/4 /8" x 5"	"	
Ad Materials Repeat			` •	material dea			•				ew materials a aterials until fu		•	<u>ie</u>)	
→ Digital → Trim: 8 → NEW I	ads require	ed. Prefer)-7/8". Bled	high resolu ed: 8-1/2"	tion printer	quality .pd Keep live c	f, embed fo	onts. Screen: mum of 1/2	Minimum	300 dpi. (
Special instr	uctions _														
Ad Frequenc	y 🗆 Ix	□ 3x	☐ 6x	☐ 12x	☐ 24x	Rate Per	r Insertion (see rate ca	rd)						
Payment Op insertion or	tions (A pr der by the	repayment i space resei	is reguired rvation dea	for the first dline of eac	two insert h issue. An	ions from a approved c	ll first-time redit applica	display adv ntion is req	vertisers and nuired for in	should be voicing futt	included with ure ads.)	the			
☐ Prepaym	nent (check	enclosed)	☐ Pre	payment (ch	eck to com	e and due l	by space clo	sing)							
☐ Credit c	ard		MasterCard	I	□ Visa	□ A	American Exp	ress	☐ Disc	over					
Credit card	account						Expiration date								
Name on ca	rd													_	
☐ Invoice	advertiser			☐ Invoice	ad agency										
→ X					-										
Author	ized Signat	ure							Date						

→ FAX SIGNED INSERTION ORDER TO: KELLIE SCHILLING, FAX (262) 782-7092. Questions?? Call Kellie at (262) 814-1546 or (800) 228-6332. National Funeral Directors Association (NFDA) — 13625 Bishop's Drive — Brookfield, WI 53005-6607 — kschilling@nfda.org — www.nfda.org.