



ICS Review Advertisement Insertion Order

_____ has agreed advertising in the 2009 *ICS Review*.
(name of company)

Advertisement Size

- Full page
- Half page
- Quarter page
- Back page – *call to confirm spot is available*

Ad Placement Frequency

- One Time
- Yearly

Black/White or Color

- Color
- Black & White

Please choose issue(s)

- April/May/June 2009
- July/Aug./Sept. 2009
- Oct./Nov./Dec. 2009
- All 2009 Issues

Contact Person _____
 Address _____
 City/State/ZIP _____
 Phone _____ Fax _____
 Email _____

Address (if different than above) for where bill needs to be sent _____

See ICS Review Rate Card for additional information on advertising rates, copy due dates, discounts, & mechanical information regarding the advertisement. Invoices will be sent prior to publication unless prior arrangements have been made and payment in full is due within thirty (30) days of the initial invoice date.

Advertiser's Authorized Signature

Date

Please send completed insertion order to:
 Iowa Chiropractic Society
 ATTN: Jenny Irlmeier
 100 East Grand Ave., Ste. 240
 Des Moines, IA 50309
jirlmeier@iowadcs.org
 515-867-2807 (ph) | 515- 867-2801 (fax)