

SPACE RESERVATIONS

By signing this form, I confirm that my organization will advertise at the level indicated below:

Advertiser (Business Name): _____

Contact Person: _____

Telephone Number: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Fax Number: _____

Order Summary: _____

Total Number of Ads: _____

Total Investment: _____

Will you be taking advantage of our ad design for an additional \$60?

YES NO

WE APPRECIATE YOUR BUSINESS!

Please sign this contract and mail, fax or email as soon as possible.

Acknowledged by: _____

Signature: _____

Date: _____

For advertising information and to submit materials for ad creation, please contact:

Bryan McMahan

Account Executive

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Dublin, OH 43017

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INVOICES WILL BE SENT
AT TIME OF PUBLICATION

**MAKE CHECKS PAYABLE TO:
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