

Please print this form,  
fill it out and fax it to  
617-742-7025



Office use:  
Issue: \_\_\_\_\_  
Runs Thru: \_\_\_\_\_  
Rate Card: \_\_\_\_\_

## Display Advertisement Reservation and Contract

**Organization or Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone number:** ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Billing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- This is a new advertisement.  
 Please re-run the advertisement we last placed in the  Spring  Summer  Fall  Winter issue of 20\_\_\_\_

**Issue(s):**  Spring (Mails in February) **Deadline: December 15** |  Summer (Mails in May) **Deadline: March 15** |  Fall (Mails in August) **Deadline: June 15** |  Winter (Mails in November) **Deadline: September 1**

**Frequency:**  1 time  2 times  3 times  4 times  Other \_\_\_\_\_ times  Continue until cancelled

**Other Instructions:** \_\_\_\_\_

**Color:**  COLOR  BLACK & WHITE

**Ad Size and Orientation:**

*For Full Page ads, Covers, and 2-Pg. Spreads, select **BLEED** (the ad prints to the edge of the page) or **NON-BLEED** (for 1/2 inch of white space around the edges).*

<input type="checkbox"/> COVER	<input type="checkbox"/> 2-PG. SPREAD	<input type="checkbox"/> FULL PAGE	<input type="checkbox"/> 2/3 PAGE	<input type="checkbox"/> 1/4 PAGE <i>(New)</i>
<input type="checkbox"/> Inside Front <input type="checkbox"/> Inside Back <input type="checkbox"/> Back <input type="checkbox"/> Bleed <input type="checkbox"/> Non-bleed	<input type="checkbox"/> Bleed <input type="checkbox"/> Non-bleed	<input type="checkbox"/> Bleed <input type="checkbox"/> Non-bleed	Vertical Only	Vertical Only

*For these ad sizes, please be sure to select an orientation for the ad.*

<input type="checkbox"/> 1/2 PAGE	<input type="checkbox"/> 1/3 PAGE	<input type="checkbox"/> 1/6 PAGE	<input type="checkbox"/> 1/12 PAGE
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Tall	<input type="checkbox"/> Square <input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Square Only <i>(Black &amp; White only)</i>

**Designer or Design Firm:** \_\_\_\_\_ **Ph:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Payment Method:**

- Check payable to *UU World*  
 MasterCard  
 Visa  
 UUA Account #: \_\_\_\_\_

*For credit card payments: (credit card number may be phoned in if preferred)*

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Check box to acknowledge: I have received a copy of UU World's rates and format specifications. I will submit materials that conform to these specs by the deadlines specified above.

**Your Name:** \_\_\_\_\_

Office use:

Accepted for UU World by: _____	Date: _____	Rate per insertion: _____
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