



Indiana Pharmacists Alliance  
 729 N. Pennsylvania Street  
 Indianapolis, IN 46204-1128  
 Phone: (317) 634-4968 / Fax to: (317) 632-1219

## 2009 – Ad Insertion Order Form

Advertisement requests are due on the 10th day of the month preceding materials deadline date.  
 Materials and revised artwork are due no later than January 30, April 30, July 17, and November 1.

<b>Name of Company:</b>	
<b>Contact Person:</b>	
<b>Person Submitting Request</b> <i>(if different from Contact)</i>	
<b>Ad Agency (if applicable):</b>	
<b>Billing Address</b>	
<b>City / State / Zip</b>	
<b>Contact Phone</b>	
<b>Contact Email:</b>	

**SEE 2009 RATE SHEET FOR RATE INFORMATION.**

**Frequency of Ad:**       1x Rate       4x Rate (agree to run for 4 consecutive issues)

**Beginning with Issue:**       1<sup>st</sup> Qtr       2<sup>nd</sup> Qtr       3<sup>rd</sup> Qtr       4<sup>th</sup> Qtr

**Size of Advertisement:**       1 page       ½ page       ¼ page

**Placement on Page:**       Vertical       Horizontal

**Preferred Position:**

Inside Front Cover       Inside Back Cover       Back Cover       Center Spread

**Color Request:**

Blk/white       Standard \_\_\_\_\_       Four-color  
 Five-color       Matched Color \_\_\_\_\_

**What type of file do you plan to submit for publication?**

PDF       Quark       Word       Camera-ready copy       Other \_\_\_\_\_

**Special Instructions:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions regarding your insertion order, please contact Tabitha Cross, Managing Editor, at [tabitha@indianapharmacists.org](mailto:tabitha@indianapharmacists.org) or (317) 634-4968.