

# ADVERTISING INSERTION ORDER FORM



Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Materials Supplied by \_\_\_\_\_

Ad Space Reserved for Issue \_\_\_\_\_

**Ad Size:**       Full Page               1/2 Page               1/4 Page

**Ad Color:**     Four Color               Two Color               Black & White

**Bleeds:**         Yes                       No

**Ad Specs:**

- ❖ Composite negatives, right reading emulsion down
- ❖ 4/C process 150-175 line screen
- ❖ B/W 150-175 line screen

**Sizes for Film Output:**

- ❖ Full page, no bleed – 7 3/8" x 10 1/4" (1/4" gutter)
- ❖ Full page, bleed – 8 1/8" x 10 7/8" (1/8" gutter)
- ❖ 1/2 page, horizontal – 7 3/8" x 4 7/8" (no bleed)
- ❖ 1/2 page, vertical – 3 9/16" x 10 1/4" (no bleed)
- ❖ 1/4 page, 3 9/16" x 4 7/8"

Total \$ \_\_\_\_\_ Ad Materials Due By \_\_\_\_\_

Are you signing as a Contract Advertiser?       Yes                       No

If yes, please indicate what issue the contract begins/began \_\_\_\_\_

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



**RETURN TO:**  
National Council for Prescription Drug Programs, Inc.  
9240 East Raintree Drive  
Scottsdale, Arizona 85260  
480-477-1000  
480-767-1042 fax