



## 2017 ONLINE ADVERTISING ORDER FORM

Please fill out this form and return it with your "Web ad". Your "Web ad" must be e-mailed to: [ads@afampov.com](mailto:ads@afampov.com) as a ".gif" ".png" ".jpeg" or in ".swf" FLASH format.

Business Name: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Code

Authorized by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Print Name Email Address Date

**WE ACCEPT MC, VISA, DISCOVER, AMERICAN EXPRESS**

Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type:  MC  Visa  Discover  Am. Express

Print Name of Cardholder: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

AD SIZE	COST/30/60Days	Run Time	Month(s) to Start	TOTAL DUE
<input type="checkbox"/> Main Top Banner (1080x120)	\$ 425.00/\$800.00	<input type="checkbox"/> 30 Days	<input type="checkbox"/> January	\$
<input type="checkbox"/> Premium Vertical Box (225x575)	\$ 375.00/\$700.00	<input type="checkbox"/> 60 Days	<input type="checkbox"/> February	\$
(Above the Fold) Right Sidebar		<input type="checkbox"/> 90 Days	<input type="checkbox"/> March	\$
<input type="checkbox"/> Premium Big Box (300x250)	\$ 350.00/\$650.00	<input type="checkbox"/> More _____	<input type="checkbox"/> April	\$
(Above the fold) Left Sidebar			<input type="checkbox"/> May	\$
<input type="checkbox"/> Regular Big Box (300x250)	\$ 300.00/\$550.00		<input type="checkbox"/> June	\$
(Below the fold) Left Sidebar			<input type="checkbox"/> July	\$
<input type="checkbox"/> Regular Box (225x250)	\$ 250.00/\$450.00		<input type="checkbox"/> August	\$
(Below the fold) Right/Left Sidebar			<input type="checkbox"/> September	\$
<input type="checkbox"/> Leaderboard (728x90) Bottom	\$ 200.00/\$350.00		<input type="checkbox"/> October	\$
(Above the Footer)			<input type="checkbox"/> November	\$
<input type="checkbox"/> Small Tile (225x225)	\$ 100.00		<input type="checkbox"/> December	\$
(Above the Footer) Right/Left Sidebar				\$ _____

DEDUCT 10% off rate if advertising for 90 consecutive days or more (Excludes Small Tile)

DEDUCT 5% off rate if you are a NON-PROFIT ORGANIZATION

Payment made by: { } Cash { } Check { } Credit Card { } Invoice

Total Amount Enclosed: \$ \_\_\_\_\_ Ad Attached:  Yes  No Date Rec'd: \_\_\_\_\_

Submit your ad to: [ads@afampov.com](mailto:ads@afampov.com) or speak with Marie at 413-796-1500