

This form must accompany all space reservation requests.



BAR ASSOCIATION
OF ERIE COUNTY

PLEASE EMAIL THIS INSERTION ORDER TO
BONNIE O'BRIAN AT OBRIAN57@COMCAST.NET

Business Name _____ Contact Person _____

Business Address _____

City/State/Zip _____

Billing Address (if different from above) _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Advertising Agency (if applicable) _____

Run Dates

___ Fall through Summer (nine issues) OR (check one or more below)

___ Fall ___ Nov. ___ Dec. ___ Jan. ___ Feb. ___ March ___ April ___ May ___ Summer

Ad Size (Check one)

___ Full Page ___ 1/2 Page Vertical ___ 1/2 Page Horizontal ___ 1/3 Page Vertical ___ 1/3 Page Horizontal

___ 1/4 Page Vertical ___ 1/4 Page Horizontal ___ 1/6 Page Vertical ___ 1/6 Page Horizontal

___ 1/8 Page ___ Classified Ad _____ 1-4 Column Inches (please specify)

Color (Check one)

___ B/W ___ Color (Please Note: Additional \$100 Charge)

Cost per insertion: \$ _____

Check enclosed OR MasterCard Visa Expiration Date: _____

Card Number _____ Signature _____

Please bill me

Special Instructions/Comments: _____
