



Advertising Submission Form

GENERAL INFORMATION

Ad Agency: Advertiser:

Agency Contact: Publication Name:

Contact Phone: Publication Issue:

Contact Email: Trim Size:

Other Information:

MEDIA REQUIREMENTS

Please submit digital advertising on the following types: • Zip 100 • CD-ROM • Jaz 1GB

No.	Name	Ad Type	Final Size(w x h)	File Format	Fonts	Digital Proof
1		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> EPS		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> TIFF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> PDF		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> PDF/X-1a		_____
2		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
3		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
4		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
5		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
6		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
7		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
8		<input type="checkbox"/> 4/c Process	<input type="checkbox"/> Full Page	<input type="checkbox"/> PDF/X-1a		<input type="checkbox"/> Yes
		<input type="checkbox"/> 4/c + PMS _____	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> PDF		<input type="checkbox"/> No
		<input type="checkbox"/> 4/c + PMS _____ & _____	<input type="checkbox"/> 1/4 Page	<input type="checkbox"/> EPS		What Type?
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> TIFF		_____
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____H x _____W	<input type="checkbox"/> Paper/Film		_____

If you are submitting more than eight (8) advertisements, please use an additional form.