



Date:

Insertion Order

Publication Code:

Company Name:		P.O. #
<hr/>		
Contact:		
<hr/>		
Address:		
<hr/>		
City:	Province/State:	Postal Code/ZIP:
<hr/>		
Phone:	Fax:	E-Mail Address:
<hr/>		
Bill To:		

Ad Details			
Ad Size:	<input type="checkbox"/> Business Card	<input type="checkbox"/> 1/2 Page	<input type="checkbox"/> 1/4 Page
	<input type="checkbox"/> 1/3 Page	<input type="checkbox"/> -Island Square	<input type="checkbox"/> Full Page Full Bleed
	<input type="checkbox"/> -Square	<input type="checkbox"/> -Vertical	<input type="checkbox"/> Inside Front
	<input type="checkbox"/> -Vertical	<input type="checkbox"/> -Horizontal	<input type="checkbox"/> Inside Back
	<input type="checkbox"/> -Horizontal	<input type="checkbox"/> -Horizontal Full Bleed	<input type="checkbox"/> Outside Back
<hr/>			
Position:	Number of Insertions: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
<hr/>			
Camera Ready:	Design Required:	Translation Required:	Other:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
Special Instruction:			
<hr/>			
<hr/>			
<hr/>			
Arrival on:	Price:		

**Please Sign & Fax Back To:
1-613-432-6840**

I agree to the terms on the rate sheet and this contract is applicable for my company.

Auth. Signature: _____

Title: _____

Date: _____