canadian die casters association
canadienne des mouleurs sous pression

Date:

Insertion Order

Publication Code:

Company Name: **P.O. #**

Contact:

Address:

City: **Province/State:** **Postal Code/ZIP:**

Phone: **Fax:** **E-Mail Address:**

Bill To:

Ad Details

Ad Size:

- ☐ Business Card
- ☐ 1/3 Page
- ☐ -Square
- ☐ -Vertical
- ☐ -Horizontal
- ☐ 1/2 Page
- ☐ -Island Square
- ☐ -Vertical
- ☐ -Horizontal
- ☐ -Horizontal Full Bleed
- ☐ 1/4 Page
- ☐ Full Page Full Bleed
- ☐ Inside Front
- ☐ Inside Back
- ☐ Outside Back

Position:

Number of Insertions: ☐ 1 ☐ 2 ☐ 3

Camera Ready: ☐ Yes ☐ No

Design Required: ☐ Yes ☐ No

Translation Required: ☐ Yes ☐ No

Other: ☐

Special Instruction:

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:** _____

3-247 Barr Street, Renfrew, ON K7V 1J6 Fax: 613-432-6840 E-Mail: ads@diecasters.ca