



Indiana Pharmacists Alliance  
 729 N. Pennsylvania Street  
 Indianapolis, IN 46204-1128  
 Phone: (317) 634-4968 / Fax to: (317) 632-1219

## 2011 – Ad Insertion Order Form

Advertisement requests are due on the 1st day of the materials deadline month or one month prior to print. Materials and revised artwork are due no later than February 10, May 10, July 11, and November 10.

<b>Name of Company:</b>	
<b>Contact Person:</b>	
<b>Person Submitting Request</b> <i>(if different from Contact)</i>	
<b>Ad Agency (if applicable):</b>	
<b>Billing Address</b>	
<b>City / State / Zip</b>	
<b>Contact Phone</b>	
<b>Contact Email:</b>	

### SEE 2011 RATE SHEET FOR RATE INFORMATION.

**Frequency of Ad:**       1x Rate       4x Rate (agree to run for 4 consecutive issues)

**Beginning with Issue:**       1<sup>st</sup> Qtr       2<sup>nd</sup> Qtr       3<sup>rd</sup> Qtr       4<sup>th</sup> Qtr

**Size of Advertisement:**       1 page       ½ page       ¼ page

**Placement on Page:**       Vertical       Horizontal

**Preferred Position:**

Inside Front Cover       Inside Back Cover       Back Cover       Center Spread

**Color Request:**

Blk/white       Standard \_\_\_\_\_       Four-color  
 Five-color       Matched Color \_\_\_\_\_

**What type of file do you plan to submit for publication?**

PDF       Quark       Word       Camera-ready copy       Other \_\_\_\_\_

**Special Instructions:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions regarding your insertion order, please contact Tabitha Cross, Managing Editor, at [tabitha@indianapharmacists.org](mailto:tabitha@indianapharmacists.org) or (317) 634-4968.