

TRANSPORTATION BUILDER®

ADVERTISING INSERTION ORDER FORM

Advertising Information

ADVERTISER: _____ CONTACT/AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

ADVERTISER CATEGORY: _____

SIZE/ORIENTATION/COLOR OPTION: _____

FREQUENCY: _____ RATE: _____

PICK UP ARTWORK FROM: _____ NEW MATERIAL TO ARRIVE BY: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

Place in Issue

January/February

March/April

May/June

July/August

September/October

November/December

Payment

PAYMENT OPTIONS (CHECK ONE):

CHECK ENCLOSED BILL ME

BILL MY: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____

SIGNATURE: _____

TOTAL DUE: _____

Return this completed form to Peter Embrey at pembrey@artba.org, or call 202.289.4434 .