

2011 Season ACO Program Advertising Order Form

Name of Business _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone _____

E Mail _____ Fax _____

- Ad Copy Enclosed
- Ad Copy will be Sent Later
- Ad Copy Sent via E-Mail
- Please Run Same Ad as last Year

Size Requested

- | | | | |
|--------------------------------------------------|--------------------|-------------|---------------|
| <input type="checkbox"/> Back Cover | | B&W \$1,000 | Color \$1,000 |
| <input type="checkbox"/> Inside Front Cover | | B&W \$700 | Color \$800 |
| <input type="checkbox"/> Inside Back Cover | | B&W \$700 | Color \$800 |
| <input type="checkbox"/> Page 1 (Full Page Only) | | B&W \$500 | Color \$600 |
| <input type="checkbox"/> Full Page | (4.5" W x 7.5" D) | B&W \$400 | Color \$500 |
| <input type="checkbox"/> Half Page Horizontal | (4.5" W x 3.5" D) | B&W \$250 | Color \$300 |
| <input type="checkbox"/> Half Page Vertical | (2.5" W x 7.5" D) | B&W \$250 | Color \$300 |
| <input type="checkbox"/> Quarter Page Horizontal | (4.5" W x 1.75" D) | B&W \$150 | Color \$200 |
| <input type="checkbox"/> Quarter Page Vertical | (2.5" W x 3.5" D) | B&W \$150 | Color \$200 |

TOTAL: _____

Payment Information

- Payment Enclosed
- Please Send Invoice
- Charge my Credit Card

MC or Visa Card Number _____ Exp _____

Signature _____ Date _____

ACO Sales Contact: _____ Phone Number: _____

RETURN THIS FORM TO THE ACO

Make check payable to the ACO and mail to: 415 Avenue A Suite 301 Fort Pierce, FL 34950