

Activities Directors' Quarterly

for

Alzheimer's & Other Dementia Patients

by the editors of *American Journal of Alzheimer's Disease® and Other Dementias*

470 Boston Post Road • Weston, Massachusetts 02493 • (781) 899-2702 • Fax: (781) 899-4900

Advertising Insertion Order

Date ____/____/____

Advertiser _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone () _____ Fax () _____

Person authorizing advertising (please print) _____

Signature of authorizing person _____

Bill to (person if different from above) _____

Name of institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone () _____ Fax () _____

Ad size: Full page 2/3page 1/2 page (vertical) 1/2 page (horizontal)
 1/3 page (vertical) 1/3 page (horizontal) 1/4 page other _____

Contract: 4 issues 3 issues 2 issues 1 issue

Gross cost \$ _____ Net cost \$ _____

If agency check box Issue (Month) _____

Color: Four color, \$1695; Matched color, \$1095; Std color, \$995

PRODUCTION

Section _____

Special instructions _____

Special position _____

Insert Number of pages _____ Position _____

2nd cover: Earned b/w rate plus 25%; Facing page at no premium, but must run as spread;

3rd cover: Earned b/w rate plus 25%; 4th cover: Earned b/w rate plus 50%;

Facing first page of text: Earned b/w rate plus 25%; Center spread: Earned b/w rate plus 50%.

Account Manager (Return order form to) _____

CREDIT REFERENCE (new account)

Bank name _____ Tel. No. () _____

Account # _____ Person to speak with _____