



NEW UNIVERSITY

CLASSIFIED ADVERTISING FORM

f | 949.824.4828
 p | 949.824.4284
 e | admanager@newu.uci.edu

check one:

1 col x 2 inches
 25 words
\$25

1 col x 3 inches
 45 words
\$36

1 col x 4 inches
 60 words
\$48

optional:

reversed
 box
 color
+\$2

client info

advertiser _____ customer no. _____ sales rep. _____
 contact _____
 address _____ city _____ state _____ zip _____
 phone _____ fax _____
 email address _____

essentials

prepayment and copy submission due no later than **5:00 pm** wednesday prior to run date
 copy submission **must be emailed** to admanager@newu.uci.edu

run dates

sep 20 _____	nov 29 _____	apr 3 _____
sep 27 _____	jan 10 _____	apr 10 _____
oct 4 _____	jan 17 _____	apr 17 _____
oct 11 _____	jan 24 _____	apr 24 _____
oct 18 _____	jan 31 _____	may 1 _____
oct 25 _____	feb 7 _____	may 8 _____
nov 1 _____	feb 14 _____	may 15 _____
nov 8 _____	feb 21 _____	may 22 _____
nov 15 _____	mar 6 _____	may 29 _____
nov 22 _____	mar 13 _____	jun 5 _____

cost per issue _____ total runs _____ total cost _____



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CREDIT CARD PAYMENT FORM

f | 949.824.4828
p | 949.824.4284
e | admanager@newu.uci.edu

visa mastercard discover american express

_____ / _____
credit card number expiration date security code

_____ _____
last name first name

_____ _____ _____ _____
billing address city state zip

_____ _____
company name signature

email address

form must be submitted with a copy or image of front & back of credit card and a copy or image of drivers license or i.d. card. credit card information and images will be shredded upon request.

additional instructions: