



NEW UNIVERSITY

DISPLAY ADVERTISING INSERTION ORDER

E-MAIL: NEWUADMGR@UCI.EDU • TEL: 949-824-4284 • FAX: 949-824-4287

CUSTOMER NO.
SALES REP.

ADVERTISER

CONTACT

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

E-MAIL

ADVERTISEMENT INFORMATION

PAYMENT INFORMATION

HEADLINE

CUSTOMER P.O./INSERTION NO.

INSTRUCTIONS/SPECIAL SECTION

MAIN SECTION: ANY N F E S O

COLOR: 4-COLOR SPOT COLOR

RUN DATES:

SEPTEMBER 2010 <input type="radio"/> 21 <input type="radio"/> 28	OCTOBER <input type="radio"/> 5 <input type="radio"/> 12 <input type="radio"/> 19 <input type="radio"/> 26	NOVEMBER <input type="radio"/> 2 <input type="radio"/> 9 <input type="radio"/> 16 <input type="radio"/> 23 <input type="radio"/> 30
JANUARY 2011 <input type="radio"/> 4 <input type="radio"/> 11 <input type="radio"/> 18 <input type="radio"/> 25	FEBRUARY <input type="radio"/> 1 <input type="radio"/> 8 <input type="radio"/> 15 <input type="radio"/> 22	MARCH <input type="radio"/> 1 <input type="radio"/> 8 <input type="radio"/> 29
APRIL <input type="radio"/> 5 <input type="radio"/> 12 <input type="radio"/> 19 <input type="radio"/> 26		MAY <input type="radio"/> 3 <input type="radio"/> 10 <input type="radio"/> 17 <input type="radio"/> 24 <input type="radio"/> 31

PREPAY \$ _____
AMOUNT PAID DATE PAID

_____ \$
CHECK NO. TOTAL CHECK

_____ \$
CREDIT CARD TYPE TOTAL CHARGE

AmEx MC VISA DISC

CARD NUMBER

EXP. DATE

SEC. CODE

CARDHOLDER

\$ _____
TOTAL AMOUNT (PER RUN DATE)

BILLING

RECHARGE # _____
ACCOUNT NUMBER

OF RUNS

$$\boxed{} \times \boxed{} = \boxed{} \times \boxed{} = \boxed{} + \boxed{} = \boxed{}$$

COLUMNS (W) INCHES (H) COLUMN INCHES PCI RATE SPACE COST COLOR CHARGE COST PER ISSUE

$$\boxed{} \times \boxed{} = \boxed{}$$

COST PER ISSUE # OF RUNS TOTAL COST