

futureAge

2009 insertion order

company name _____

contact name _____

address _____

city _____ state _____ zip _____

phone _____ fax _____

e-mail address _____

futureAge

four-color ad

- back cover
- inside front cover
- inside back cover
- full page
- half page horizontal
- half page vertical
- quarter page

black & white ad

- full page
- half page horizontal
- half page vertical
- quarter page
- promotional cover wrap
(limit one advertiser inside front cover)

issue (month)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> <input type="checkbox"/> new pick-up | <input type="checkbox"/> <input type="checkbox"/> jan/feb | <input type="checkbox"/> <input type="checkbox"/> new pick-up | <input type="checkbox"/> <input type="checkbox"/> sept/oct |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> mar/april | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Pre-Convention Planner |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> may/june | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> nov/dec |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> july/aug | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Trends in Design |

rate _____

payment method

total payment due \$ _____

- check (payable in U.S. dollars to AAHSA)
- MasterCard VISA American Express

Send this form to:

American Association of Homes
and Services for the Aging

c/o Margaret Wanca-Daniels

2519 Connecticut Avenue NW

Washington, DC 20008-1520

Phone: (202) 508-9479 • Fax: (202) 939-5820

E-mail: mwanca-daniels@aahsa.org

credit card number _____

expiration date _____

cardholder's name (as it appears on card) _____

authorized signature _____

date _____