



This Week in IDEA Advertising Order Form 2008

Contact Information:

Company Name: _____ Phone: _____
Contact Name: _____ Fax: _____
Address: _____ City, State, Zip: _____
Email: _____ URL Link: _____

Desired Ad Schedule:

January July
 February August
 March September
 April October
 May November
 June December

Rate:

IDEA Customer or Partner
 Standard Rate

Payment Information:

Check, payable to IDEA
 Please bill me
 Credit Card:
 VISA MasterCard American Express
Name that appears on card (print): _____
Card #: _____ Exp. Date: _____

Total Amount Due:

Comments and Special Requests:

Signature: _____ Date: _____

Print Name: _____