

ARTWORK/SALES CONTACT	BILLING CONTACT
Advertiser _____	Name _____
Contact/Title _____	Address _____
Address _____	City, State & Zip _____
City, State & Zip _____	Phone _____
Phone _____ Fax _____	Fax _____
E-mail _____	E-mail _____

FREQUENCY RATES <input type="checkbox"/> 1x <input type="checkbox"/> 3x <input type="checkbox"/> 6x <input type="checkbox"/> Jan/Feb 09 <input type="checkbox"/> Mar/Apr 09 <input type="checkbox"/> May/June 09 <input type="checkbox"/> July/Aug 09 <input type="checkbox"/> Sept/Oct 09 <input type="checkbox"/> Nov/Dec 09	SPECIFICATIONS: <input type="checkbox"/> New Artwork (see Deadlines) <input type="checkbox"/> Repeat from _____ issue <input type="checkbox"/> Other _____
SIZE & POSITION: <input type="checkbox"/> Full Page (No Bleed) <input type="checkbox"/> 1/2 Page (Vertical) <input type="checkbox"/> 2-Page Spread <input type="checkbox"/> Full Page (Bleed) <input type="checkbox"/> 1/3 Page (Horizontal) <input type="checkbox"/> Back Cover <input type="checkbox"/> 2/3 Page <input type="checkbox"/> 1/3 Page (Vertical) <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> 1/2 Page (Horizontal) <input type="checkbox"/> 1/6 Page (Vertical Only)	
COLOR: <input type="checkbox"/> Black & white <input type="checkbox"/> 4-color process	
CLASSIFIED ADVERTISING <input type="checkbox"/> EA Journal Only <input type="checkbox"/> EA Journal & Website	

DEADLINES				SPECIAL INSTRUCTIONS:
Issue	Insertion Orders	Film/Art	Payment Due	
Jan/Feb	Nov 15	Nov 25	Due upon receipt	_____
March/April	Jan 15	Jan 25	Due upon receipt	_____
May/June	Mar 15	Mar 25	Due upon receipt	_____
July/Aug	May 15	May 25	Due upon receipt	_____
Sept/Oct	July 15	July 25	Due upon receipt	_____
Nov/Dec	Sept 15	Sept 25	Due upon receipt	_____

PLEASE READ AND SIGN: 1. All first time advertisers must prepay by insertion order deadline. 2. Make checks payable to: NATIONAL ASSOCIATION OF ENROLLED AGENTS 1120 Connecticut, Ave, NW, Ste 460 Washington, DC 20036 X _____ <div style="text-align: right; font-size: small;"><i>Authorized Signature/Date</i></div>	CHARGES: Total Cost \$ _____ PAYMENT INFORMATION: Credit Card <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Bill Me Credit Card Number _____ Expiration Date _____
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For office use only	
Order Number _____	Customer Number _____

Mailing Instructions: Insertion Order, artwork, prepayment checks
 Margaret Mitchell — (202) 822-6232, Fax (202) 822-6270, E-mail: mmitchell@naea.org
 ***Any change to this insertion order must be submitted in writing.