



2055 East Centennial Circle  
 Tempe, AZ 85284-1802

Phone: (480)752-6276  
 Fax: (480)752-7890

**Inside Supply Management  
 Advertising Agreement**

Advertiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Billing Information:**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Contract Period: Beginning \_\_\_\_\_

					<b>2016</b>	<b>Ad Reservation Date</b>	<b>Ad Material Due</b>
Ad Size & Amounts	1x	3x	6x	9x	January/February	11/30/15	12/11/15
Full Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	March	2/5/16	2/25/16
Back Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	April	2/26/16	3/25/16
Inside Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May	3/18/16	4/25/16
Inside Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	June/July	4/20/16	5/24/16
Page 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	August	6/23/16	7/25/16
Run of Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	September	7/21/16	8/26/16
Half-Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	October	8/26/16	9/23/16
					November/December	9/26/16	10/24/16

Please Invoice

Method of Payment (U.S. Funds Only) Amount to be charged: \$ \_\_\_\_\_

Credit Card:  Visa  Master Card  American Express  Discover Card

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**I agree to all advertising terms and current rates.**

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name as signed above: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

(Please retain a copy for your records.)

Fax or Email to:  
 ISM Sales Department @ 480-752-7890 or ISMSalesDept@instituteforsupplymanagement.org