

2020 ADVERTISING INSERTION ORDER



CONSTELLATION

This form authorizes you to insert our advertisement in **CONSTELLATION**.

Authorization and Indemnification

All ads accepted or published in Constellation assume that the advertiser and/or agency is authorized to publish the entire contents and subject matter thereof. In consideration of the publisher's acceptance of ads for publication, the advertiser and/or agency, jointly and severally, indemnify and save the publisher harmless from and against any loss or expense resulting from the claims or suits based upon the content of ads – including, without limitation, claims or suits for libel, violation of right of privacy, plagiarism and copyright infringement – including any and all costs associated with defending against such claims.

COMPANY

Company Name _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Contact Person _____ Title _____

E-mail _____

ADVERTISING ORDER

Ad Type: _____

Ad Rate: \$ _____

Special Position Request:

Total: \$ _____

Please refer to the Constellation 2020 Media Kit for information about advertising costs, closing dates and design specifications.

ADVERTISING AGENCY

Advertising Agency _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Contact Person _____ Title _____

E-mail _____

PAYMENT INFORMATION

Accepted and Agreed to by:

Signature (required)

Agent for (advertiser/agency)

Date

Please bill my: Visa MasterCard American Express Please bill me

Name on card _____

Account number _____ CVV _____

Expiration date _____ Amount _____

Authorized signature _____