



Insertion Order

ADVERTISER: _____
 Product Featured: _____
 *Product Web site: _____
 *Toll Free phone number: _____
 Contact: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Fax: _____
 E-mail address: _____

AGENCY: _____
 Contact: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Fax: _____
 E-mail address: _____

Bill to Advertiser

Bill to Agency

	ISSUE	RESERVATION DATE	MATERIALS DUE	PUBLISHED
<input type="checkbox"/>	JAN/FEB	JAN 10	JAN 25	FEB 8
<input type="checkbox"/>	MAR/APR	FEB 10	MAR 20	APRIL 8
<input type="checkbox"/>	MAY	APR 1	APR 15	MAY 1
<input type="checkbox"/>	JUN	MAY 1	MAY 15	JUN 1
<input type="checkbox"/>	JUL	JUN 1	JUN 15	JUL 1
<input type="checkbox"/>	AUG	JUL 1	JUL 15	AUG 1
<input type="checkbox"/>	SEPT	AUG 1	AUG 15	SEPT 1
<input type="checkbox"/>	OCT	SEPT 1	SEPT 15	OCT 1
<input type="checkbox"/>	NOV	OCT 1	OCT 15	NOV 1
<input type="checkbox"/>	DEC	NOV 1	NOV 15	DEC 1

Ad Material Contact: _____ Phone: _____

Type of Materials:

Pick up ad from: Issue Month/Year: _____ Page: _____ Changes: Y / N

New Materials: _____

Additional Instructions/Headline: _____

RATE: Full Page \$250.00 per issue Two Page spread \$475.00 per issue

PAID UP FRONT IN FULL:

FULL YEAR (10 ISSUES) Full Page \$2250.00

FULL YEAR (10 ISSUES) Two Page Spread \$4275.00

Insertion order & all ad materials should be sent to:

LI Sail
 Attn: Bridget Walter
 80 Watersedge Way
 Southold, New York 11971

<p><u>CHECK ONE</u></p> <p><input type="checkbox"/> 2 Pg. Spread</p> <p><input type="checkbox"/> 1 Full Pg.</p>	<p><u>CIRCLE ONE</u></p> <p>Single Insertion</p> <p>10 Insertions</p>
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Bill: Monthly or Full Year Prepaid

or submission@lisail.com
 or fax to 516-429-9060

Signature: _____