# 2012 PDA Connector Banner Ad Insertion Order Form

**Company Name:** ____________________________  **Contact:** __________________________

**Address:** ________________________________________________________________

**City/State/Zip/Country:** ______________________________________________________

**Phone:** ________________________________________________________________

**Fax:** ________________________________________________________________

**Email:** ________________________________________________________________

**Company URL:** ________________________________________________________________

## II. Publication Information

**Please check month(s) of choice:**
- [ ] January
- [ ] February
- [ ] March
- [ ] April
- [ ] May
- [ ] June
- [ ] July
- [ ] August
- [ ] September
- [ ] October
- [ ] November
- [ ] December

**Please check issue(s) of choice:**
- [ ] Week 1
- [ ] Week 2
- [ ] Week 3
- [ ] Week 4

**Advertising Rates**
- [ ] 1X (US $750)
- [ ] 2X (US $1,400)
- [ ] 4X (US $2,600)
- [ ] 12X (US $6,600)
- [ ] 24X (US $9,600)

**Company Link to Logo:** [ ] Yes  [ ] No

**Special Instructions:** __________________________________________________________

*Requirements: 50 kb (gif or jpeg format); 180 pixels wide by 150 pixels deep; no animation; can link to your company website. Advance payment is required prior to release of publication. A signed insertion order is a binding contract. See media kit for cancellation policy. Rates are based on the net rate and are subject to change. Insertion order and artwork are due the Friday before the publish date. The PDA Connector is published every Wednesday.*

## Guarantee of Payment

Please choose a payment type and purpose:  [ ] American Express  [ ] MasterCard  [ ] VISA

PURPOSE:  [ ] Pay the Balance Due on Invoice  [ ] Credit Card Guarantee Only

**Total amount** ____________________________

**Account Number** ____________________________  **Exp. Date** ____________________________

**Name (exactly as it appears on card)** ____________________________

**Signature** ____________________________

**Billing address** ____________________________

**City State Zip** ____________________________

**Country** ____________________________

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By submitting this insertion order it is understood and agreed that PDA will receive full payment within net 30 days from the date of invoice for services rendered. However, in the event that payment is not received within the agreed payment terms; the credit card provided will be charged for the balance due in full at net 45 days or later of invoice date. In addition, PDA reserves the right to assess a 2% late fee in addition to the balance due at net 45 days or later and include this amount in the balance charged to the credit card on file. Please send to: Alison Caballero at caballero@pda.org or by fax at 301-986-0296.