



Wheels of Time Insertion Order Submission

Office Use Only

Company: _____
 Contact Name: _____
 Address: _____
 City/State/Zip: _____
 Country: _____
 Phone: _____ Email: _____

File: _____
 Const: _____ ~ ____/____/____ 09
 Section: _____
 RE: ____/____/____ 09 P T
 WOT: _____

AD RATES

Pricing for press-ready ads only. Additional creative service fees may be applicable. Payment and ad due by deadline date.

- Back Cover \$1,200
- Inside Cover(s)..... \$1,100
- Full page \$1,000
(No Bleed 7.875"x9.75"; Bleed 8.625"x11.125")
- 1/2 page \$550
(Horz 7.875"x4.75"; Vertical 9.75"x3.625")
- 1/4 page (3.625"x4.75") \$300
- 1/8 page (3.625"x2.375")..... \$150

AVAILABLE DISCOUNTS

Discount figured on ad rates, using applicable discount rate based on total issue quantity.

- 3, 4, or 5 issues4%
- 6 issues6%

FILE FORMAT SPECS

PREFERRED FILE FORMATS:

PDF (preferred): high resolution/press ready quality, fonts embedded, colors converted to CMYK
 JPG, TIF, PSD: 300 dpi, CMYK, flattened, sized at 100% placement size
 EPS: all fonts embedded or converted to outlines, colors converted to CMYK

NOTE: Files containing elements in RGB mode and/or spot colors will be converted to CMYK mode for press. Color may be affected.

CREATIVE SERVICES

Indicate creative service needs:

- Changes to previously submitted ad:**
\$30 each issue requiring alterations
- Creation of new ad:** \$100 per ad

PAYMENT OPTIONS*

Indicate preferred payment option choice:

- Prepaid single-insertion**
- Prepaid multi-insertion**
- Multi-insertion, per-issue payments:**
Requires credit card on file, charge will be processed after issue's deadline date

* Invoice billing options are currently unavailable.

INSERTION DATES

Indicate Insertion Date(s): (select all that apply)

- Jan/Feb 2009 Jul/Aug 2009
- Mar/Apr 2009 Sep/Oct 2009
- May/Jun 2009 Nov/Dec 2009
- Submitting New file
- Pick up ad: _____
(issue and pg #)

DEADLINES

ISSUE	CLOSING DATE
January/February	December 1
March/April	February 1
May/June	April 1
July/August	June 1
September/October	August 1
November/December	October 1

PAYMENT INFO: Visa MasterCard Discover Check (enclosed)

Name on card: _____

Card No.: _____

Expiration Date: _____ Auth Code: _____

Billing Address: _____ Same as Above

Authorized Signature: _____

Mail to: ATHS, Attn: Jan Martin, PO Box 901611, Kansas City, MO 64190-1611
OR Fax to: ATHS, Attn: Jan Martin, (816) 891-9903