

ADVERTISING INSERTION ORDER

AJHP

Advertising Company _____

Agency: _____

Company Contact Name: _____

Agency Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Issue & Date:

Ad Unit:

Film Specifications:

Ad Headline: _____

Position:

Frequency:

Order No.: _____

Authorized by:

(Signature) (Title) (Date)

Please Complete This Form And Return To

AJHP Ad Placement

Attn: Kristin Guardino

FAX: 301-634-5886

