

Ohio Wheelchair Sports Association

P.O. Box 14308
Columbus Ohio 43214

Advertising Contract

Please insert our ad as described below in this event

(please specify)

<input type="checkbox"/> Full Page (7 1/2 x 10")	\$ 250.00
<input type="checkbox"/> Half Page (7 1/2 x 4 7/8")	\$ 175.00
<input type="checkbox"/> Quarter Page (3 5/8" x 4 7/8")	\$ 75.00
<input type="checkbox"/> Business Card (3 5/8" x 2 3/8")	\$ 50.00

COPY:

<input type="checkbox"/> Copy Attached
<input type="checkbox"/> Camera-ready copy to be furnished by: _____
<input type="checkbox"/> Proof Requested.

Note: If camera-ready art/pdf is not supplied but logotypes or other illustrations are to be used, please attach proof sheets or other suitable copy for reproduction.

Special Instructions: _____

- Enclosed is my check for: \$ _____
 Please bill me.

Advertiser: _____

Address: _____

City, State Zip: _____

Authorized By: _____ Phone: _____

Order Accepted By: _____ Date: _____

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