

# ad contract March|April 2010

## AMERICAN BICYCLIST INSERTION AGREEMENT

Please print carefully and complete all information. Return form, with payment, to the League at the address below .

Company Name	
Contact Name	
Billing Address	
City/State/Zip	
Phone	
Fax	
E-mail	
Signature	
Date	

Size and Orientation:	<input type="checkbox"/> full-page	<input type="checkbox"/> two-page spread	<input type="checkbox"/> half-page (island)
	<input type="checkbox"/> half-page (vertical)	<input type="checkbox"/> half-page (horiz.)	<input type="checkbox"/> third-page (square)
	<input type="checkbox"/> third-page (vertical)	<input type="checkbox"/> third-page (horiz.)	<input type="checkbox"/> one-sixth-page (horiz.)
	<input type="checkbox"/> quarter-page (vertical)	<input type="checkbox"/> one-sixth-page (vertical)	
Color:	<input type="checkbox"/> four-color	<input type="checkbox"/> black & white	
Cover Premium:	<input type="checkbox"/> back cover	<input type="checkbox"/> inside front cover	<input type="checkbox"/> inside back cover
eNewsletter sponsorship:	<input type="checkbox"/> 24 times/year (\$4,500)	<input type="checkbox"/> one-time (\$200)	
Website Ad:	<input type="checkbox"/> site sponsorship (\$5,000)	<input type="checkbox"/> rotating 3-second ad (\$1,500)	
Cost per insertion:			
Magazine \$ _____	E-Newsletter \$ _____	Web site \$ _____	
TOTAL AMOUNT DUE \$ _____			
<input type="checkbox"/> Check enclosed (payable to the League of American Bicyclists)	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	
<input type="checkbox"/> Please invoice my company after each issue.			
Card Number		Exp. Date	
Signature			



Return form and payment to Scott Oser at [scott@bikeleague.org](mailto:scott@bikeleague.org) or  
 1612 K Street, NW Suite 800 Washington DC 20006  
 phone 301-279-0468 fax 301-315-2065 [www.bikeleague.org](http://www.bikeleague.org)