

ADP HEADQUARTERS

116 Cass Street | Traverse City, MI | 49684
800.267.9002 | FAX: 231.486.2182 | hq@adp.org
www.adp.org

MEMBER ADVERTISING INSERTION ORDER FORM

Date: _____

Member Company: _____

Contact Person: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

- ADP Media Placement:** Annual Membership Roster – printed Email Campaign Web Home Page Button
 Web Home Page Slider Web Convention Page Banner Webinar Sponsor

Annual Membership Roster – printed

Position (print): _____ **Ad Size:** _____ **Ad Cost: \$** _____

Ad Description: _____

NOTE: Print ads run for one year.

** Please consult the ADP Media Fact Sheet for current ad prices and technical specifications.*

Email Campaign Advertisement

Ad Start Date: _____ **Ad End Date:** _____ **Ad Cost: \$** _____

Link to URL: _____ **Ad Description:** _____

NOTE: 1 month requirement for Email ads/2 weeks during peak season

** Please consult the ADP Media Fact Sheet for current ad prices and technical specifications.*

Website Advertisement

Ad Start Date (online): _____ **Ad End Date:** _____ **Ad Cost: \$** _____

Link to URL: _____ **Ad Description:** _____

NOTE: 3 month minimum requirement for online ads/1month during peak season

** Please consult the ADP Media Fact Sheet for current ad prices and technical specifications.*

Webinar

Please request two dates: _____ **Ad Cost: \$** _____

Webinar Topic Description: _____

** Please consult the ADP Media Fact Sheet for current ad prices and technical specifications.*

TOTAL DUE: \$ _____

Thank you for advertising with ADP Media!

I/we agree to continue to run the above ad(s) for the number of weeks indicated at the published rate. Should this contract be terminated by the agency/advertiser prior to completion, ADP shall short-rate the number of ads already placed and will invoice me accordingly. If ADP must pull an ad due to reader complaints, this contract shall become null and void.

ADP cannot guarantee that our participating readership is exact and constant. Results to advertisers are not guaranteed. ADP Media serves only as the carrier with no implied or written guarantee.

Authorized Signature: _____


Date: _____

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|--|---|---|-------------------------------|-----------------------------------|
| Method of Payment: | <input type="checkbox"/> By Check payable to ADP (in USD) | <input type="checkbox"/> By Money order/cashier check | | |
| <input type="checkbox"/> By Credit Card: | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Name on Card: _____ | Amount: \$ _____ | | | |
| Card #: _____ | Exp. Date: _____ | | | |
| Authorized Signature: _____ | | | | |

Please return this completed insertion order along with full payment to:

By Mail
ADP Headquarters
116 Cass Street
Traverse City, MI 49684

 **By Fax**
231.486.2182

 **By Phone**
800.267.9002