



ADVERTISING SCHEDULE & CONTRACT

Return Mail: 369 E. 900 South #321 Salt Lake City, UT 84111

Return Fax: (801) 303-7341

Phone Number: (801) 942-6343 or Toll Free: 1-888-351-1756

Ad Rep: _____

Advertiser: _____

Ad Agency (if applicable): _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Company Contact: _____

Company Contact: _____

Ph#: _____

Ph#: _____

Fax#: _____

Fax#: _____

Email: _____

Email: _____

FREQUENCY:

- 1 issue 3 issues 6 issues 9 issues 12 issues

ISSUES: (Please indicate month(s) and year(s) of insertion.)

- | | |
|---|--|
| <input type="checkbox"/> January 200__ | <input type="checkbox"/> July 200__ |
| <input type="checkbox"/> February 200__ | <input type="checkbox"/> August 200__ |
| <input type="checkbox"/> March 200__ | <input type="checkbox"/> September 200__ |
| <input type="checkbox"/> April 200__ | <input type="checkbox"/> October 200__ |
| <input type="checkbox"/> May 200__ | <input type="checkbox"/> November 200__ |
| <input type="checkbox"/> June 200__ | <input type="checkbox"/> December 200__ |

Ad Size: _____ Ad Dimensions: _____

- Black & White Full Color

Ad Details: _____

Price Per Issue (See Rate Card): \$ _____

- Color: \$ _____
- Preferred position (add 10% to rate -- 1/4 pg or larger): \$ _____ Requested page number: _____
- Pre-payment discount: _____
(5% off net space for pre-payment on advertising series if paid prior to print date)
- Additional Charges: _____
- Additional Discounts: _____

Total Price Per Issue: \$ _____

Total Series Amount: \$ _____



PAYMENT OPTIONS:

Pay By Credit Card:

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Pay By Electronic Check Payment:

Name On Check: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Bank Name: _____ Bank Routing Number: _____

Account Number: _____ Phone Number: _____

Special Notes: _____

Authorizing Signature*: _____

Printed Name: _____

Company: _____

Title: _____

Date: _____

*This request for advertising space is a binding agreement. Cancellations will only be honored if submitted by the 20th day of the month prior to the first date to publication. Full charges for the scheduled advertisements will apply if cancellation is not requested by that time.



Office Use Only:

Accepted on behalf of UFM by: _____

Initials: _____ Date: _____