



new jersey family policy council

P.O. Box 6011 • Parsippany, NJ 07054
908-561-2015 • Fax 908-222-1651

NEW 2011 ADVERTISER Advertising Agreement New Jersey Family Magazine

Name of Advertiser _____ Date _____

Company Name _____ Contract# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

ADVERTISING OPPORTUNITY

- Our annual magazine will be distributed beginning in the spring of 2011 over a period of 12 months.
- Your ad placement in *New Jersey Family Magazine* is very much appreciated and helps support the New Jersey Family Policy Council and is deductible as a normal business operating expense.

OPTIONS SELECTED:

- SIZE COLOR
- Full Page Full Color
- Half Page Black + 1 Color
- Quarter Page
- Other _____

CREDIT CARD PAYMENT: Please charge my credit card.

Card # _____

Expiration Date _____ Amount \$ _____

Signature _____

CHECKS: Save copy for your tax records.
Make checks payable to New Jersey Family Policy Council.
I understand and accept this Advertising Agreement

Advertiser: _____ Date _____

NJFPC Executive Agent _____

ADVERTISING PURCHASE:

Full Page \$ _____

Half Page \$ _____

Quarter Page \$ _____

Other \$ _____

Total \$ _____

Deposit \$ _____

Balance \$ _____

METHOD OF PAYMENT:

- Cash Check
- AmEx MasterCard Visa Discover

PURCHASE AGREEMENT: Deposit required with advertising purchase. Balance due upon customer approval of advertising copy.

SPECIAL INSTRUCTIONS: _____

