



Advertising Insertion Order Form

Advertiser/Company Name:
Primary Contact: Position:
Address:
City: State: Zip:
E-mail: Web site:

Member Showcase

- 1 month \$100.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec
- 3 months \$300.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec
- 6 months \$600.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec
- 12 months \$1,200.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec

Industry Partner Showcase

- 1 month \$150.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec
- 3 months \$450.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec
- 6 months \$900.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec
- 12 months \$1,800.00 Year:
 Jan Feb March April May June July Aug Sept Oct Nov Dec

Please sign below for authorization [signature assures reservation]

Check payable to ASID Hawaii Chapter.

Please fax or mail this order to: ASID Hawaii Chapter, 560 North Nimitz Highway, No. 24 Honolulu, Hawaii 96817.

Total: \$

I agree to all the terms of the rate sheet and this contract as applicable for my company.

Payment Authorization Signature: X Date:

All cancellations must be received in writing and all premium positions are NON-cancelable. Cancellations of online ads will be pro-rated to the next 30 days exposure with a \$10.00 processing fee. Submission and/or approval of online advertising artwork/image must be received within 30 days of the date of this contract.