



Online Advertising Agreement

Phone: 1.800.645.7700; 703.391.8400

Fax: 703.391.8416

E-mail: rickp@iccfa.com

www.iccfa.com

Advertiser _____
 Address _____
 City _____ State _____ Zip _____
 Other/additional (addresses outside USA) _____
 Person to contact _____
 Phone () _____ Fax () _____
 E-mail _____
 Web address (to link to): _____
 Name of ad agency _____
 Address _____
 City _____ State _____ Zip _____
 Other/additional (addresses outside USA) _____
 Person to contact _____
 Phone () _____ Fax () _____
 E-mail _____

Length of Insertion (Please circle one)

[NOTE: We are only accepting online advertisements through December 31, 2010 at this time.]

| | Sidebar 200x300 <u>Rotating / Static</u> | Skyscraper 200x600 <u>Rotating / Static</u> | Banner 700x125 <u>Rotating / Static</u> | Other agreed upon time period for ad to run or special pricing: |
|------------|---|--|--|--|
| 1 month | \$300 / \$400 | \$500 / \$750 | \$1,000 / \$1,250 | _____ |
| 3 months | \$600 / \$800 | \$800 / \$1,200 | \$1,750 / \$2,000 | _____ |
| 6 months** | \$900 / \$1,200 | \$1,100 / \$1,600 | \$2,250 / \$3,500 | _____ |

Page requested (if static ad): _____

**Ad runs of six months in length and renewals receive a 10% discount. ICCFA Magazine advertisers receive a 10% discount on online ads (excludes classifieds).

All ads are based on availability. The homepage of the site is NOT available.

Rotating: In a rotation with other advertisers. When a page is refreshed, the ads will rotate positions.

Static: Your ad solely on one page and in one position. Static ads will also be included in the rotating ad group for like-size ads on other non-static pages.

- This order form is subject to all of the provisions of the online advertisement rate card in effect on the date of the signature.
- This reservation is NOT complete without a signed authorization and pre-payment

Credit card (check one): Visa Mastercard American Express Discover

Card Number _____ Exp. date _____

Name as it appears on card _____

Security ID (3-digit # on back of card or 4-digit # on front of AmEx card) _____

Billing address for card _____

(required to process)

Signature: _____ Date: _____

Please fax this form to 703.391.8416, ATTENTION: RICK PLATTER