



Advertising Insertion Order

Missouri Agent is a publication of the Missouri Association of Insurance Agents

#1. I hereby authorize you to reserve the following advertising space in MAIA's bimonthly magazine, Missouri Agent, in accordance with the rates and requirements listed on the current rate card: (Measurements given are width x height.)

- Full Page (7 1/2 x 10")
- 1/4 page (4 3/8 x 3 3/4")
- CLASSIFIED AD
- 1/2 page horiz. (7 1/2 x 4 3/4")
- 1/2 page vert. (4 3/8 x 6 1/2")

#2. Please schedule my ad(s) in the following issue(s): Please check appropriate month(s) and write in year.

Month	Year	Month	Year	Month	Year
<input type="checkbox"/> Jan/Feb	_____	<input type="checkbox"/> May/June	_____	<input type="checkbox"/> Sept/Oct	_____
<input type="checkbox"/> March/April	_____	<input type="checkbox"/> July/Aug	_____	<input type="checkbox"/> Nov/Dec	_____

#3. I have reviewed the rates on the current rate card and understand that I will be billed at the following rates:

- a. Choose one: Non-member Member Partner
- b. Choose one: 1 time 3 times 6 times
- c. Choose one: Color Black and White
- d. If applicable: Special Positioning: Inside cover, right side, front half, etc. (I have received a quote from MAIA.)

#4. I would like to be billed in the following way:

- After each issue
- All ads now
- All ads after the first issue

#5. Advertising copy: New ad enclosed.

- Ad will be forwarded to reach MAIA by the closing date for the issue. (Contact's name and email, if different than person authorizing ad _____)
- Repeat ad from _____ Missouri Agent

(month & year)

#6. Future ads: Same ad will run for all insertions. New ad will be sent for each insertion.

#7. Invoices for advertising should be sent to: Advertiser Ad agency listed below.

#8. I have read the contract and copy regulations on the MAIA rate card. Signed,

Authorized Signature

#9. Company Name _____ Phone _____

Address _____ City/State/Zip _____

Person Authorizing Ad _____ Title _____ Email _____

#10. To be completed if ad is submitted by an advertising agency:

Ad Agency Name _____ Phone _____

Address _____ City/State/Zip _____

Agency Representative _____ Email _____

Submit insertion order to Amie Conway at aconway@moagent.org or by fax at 573-893-3708. Ad copy should be submitted electronically, preferably by email. A mailed disc or jump drive is also acceptable. Insertion order will be acknowledged by email.

Missouri Association of Insurance Agents

3315 Emerald Lane, Jefferson City, MO 65109

573-893-4301 • Fax 573-893-3708 • Email aconway@moagent.org • www.moagent.org