

2008 Advertising Contract & Insertion Order

Advertiser Information

Company Name: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Agency Information

Responsible for receiving invoices? Yes No

Company Name: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Please check the appropriate box indicating the frequency for which you are contracting: 1x 3x 6x 12x

- This contract still allows change of ad size to a larger size from issue to issue. However, all ads must be the same size as or larger than the first ad run on this contract.
- Contracted ads must be run within a 12-month period from date of first insertion. Failure to meet contracted insertions will result in prorated charges back to the earned insertion rate.
- Additional design service/production charges will be added to invoice if ad is not received as a completed file.
- If a contract extends into a new year, there may be a small rate increase. Advertisers will be notified in advance.

Please indicate below issue(s) in which ad(s) are requested to run and complete the related information.

Ad Unit: Spread, full page, 1/2 etc. • **Format:** Horizontal, vertical • **Premium Position:** Back cover, inside front cover, etc. • **Color:** B/W, full color • **Rate:** From Media Guide

January	February	March	April*	May	June
Ad Unit _____	Ad Unit _____	Ad Unit _____	Ad Unit _____	Ad Unit _____	Ad Unit _____
Position _____	Position _____	Position _____	Position _____	Position _____	Position _____
Format _____	Format _____	Format _____	Format _____	Format _____	Format _____
Color _____	Color _____	Color _____	Color _____	Color _____	Color _____
Rate _____	Rate _____	Rate _____	Rate _____	Rate _____	Rate _____
July*	August	September	October	November	December
Ad Unit _____	Ad Unit _____	Ad Unit _____	Ad Unit _____	Ad Unit _____	Ad Unit _____
Position _____	Position _____	Position _____	Position _____	Position _____	Position _____
Format _____	Format _____	Format _____	Format _____	Format _____	Format _____
Color _____	Color _____	Color _____	Color _____	Color _____	Color _____
Rate _____	Rate _____	Rate _____	Rate _____	Rate _____	Rate _____

*Premium Ad Rates apply, see insert for details.

I have read the advertising rates and policies for the *Main Ingredient* and agree to abide by all terms.

Authorized Signature: _____ Print Name: _____
 Title: _____ Date: _____

Return completed contract to: *Main Ingredient*, 8565 SW Salish lane, Suite 120, Wilsonville, OR 97070 • fax 503.682.4455