

1/2011

International Clarinet Association
Advertisement Insertion Order for *The Clarinet*

Please note that written reservation is required.

*Please FAX form to: 212-457-6124 or mail form to: So Rhee, Executive Director
International Clarinet Association
500 West Main Street, #513
Oklahoma City, OK 73102 USA
Phone: 405-651-6064
Email: execdirector@clarinet.org*

Please place ad in the following issue(s):

- Vol.38, #2 **March 2011** Vol.38, #3 **June 2011** Vol.38, #4 **Sept. 2011** Vol.39, #1 **Dec. 2011**
(deadline: **December 1**) (deadline: **March 1**) (deadline: **June 1**) (deadline: **September 1**)

Please reserve the following space:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 1/6 Horizontal, BW | <input type="checkbox"/> 1/6 Horizontal, 4color | <input type="checkbox"/> 1/6 Vertical, BW | <input type="checkbox"/> 1/6 Vertical, 4color |
| <input type="checkbox"/> 1/3 Square, BW | <input type="checkbox"/> 1/3 Square, 4color | <input type="checkbox"/> 1/3 Vertical, BW | <input type="checkbox"/> 1/3 Vertical, 4color |
| <input type="checkbox"/> 1/2 Horizontal, BW | <input type="checkbox"/> 1/2 Horizontal, 4color | <input type="checkbox"/> 2/3 Vertical, BW | <input type="checkbox"/> 2/3 Vertical, 4color |
| <input type="checkbox"/> Full Page, BW | <input type="checkbox"/> Full Page, 4color | <input type="checkbox"/> Inside Cover, BW | <input type="checkbox"/> Inside Cover, 4color |
| <input type="checkbox"/> Outside Cover, 4color | <input type="checkbox"/> Other (Needs prior agreement. Contact Executive Director to discuss.) | | |

Artwork to be sent: (Please refer to the ICA Media Kit for acceptable formats.)

- via email to Karry Thomas at: karryt@karrythomas.com (up to 3 MB)
 via file transfer at www.impactprinting.biz (Please refer to the ICA Media Kit for instructions.)
 via mail or overnight service to: **Karry Thomas, 105 Sunflower Ct., Justin, TX 76247**
 Please repeat from Vol._____, #_____ (REQUIRED INFORMATION)
 Please repeat from the last issue.

ADVERTISER NAME (Please list advertiser name as you would like to appear in the *Index of Advertisers*.)

BILLING INFORMATION

Contact Person _____

Address _____

Phone _____

Email _____

AGENT (if other than Advertiser)

Company _____

Contact Person _____

Address _____

Phone _____

Email _____

Special Instructions / Alterations to Previously Run Ad: _____
