



Jewish Federation
of the Lehigh Valley

HAKOL AD ORDER CONTRACT

702 N. 22nd Street, Allentown, PA 18104

610-821-5500 x 323 | 610-515-1391
hakolads@jflv.org | fax: 1-866-493-5889

Contract Date _____

HAKOL Advertiser PO # _____

HAKOL Ad Representative: Diane McKee

ADVERTISER CONTACT AND PAYMENT INFORMATION

Advertiser Business Name: _____

Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Advertiser/Company Responsible for PAYMENT: _____

Provide Company NAME if Different from Advertiser Name

Address: _____

Provide address of company responsible for payment

Advertiser Payment Contact: _____

Phone: _____ Fax: _____ E-mail: _____

SELECT AD SIZE(S): [BASE (SINGLE INSERTION) RATE(S) AS INDICATED]

[\$998] Full Page 10"w x 16"h _____	[\$552] Half Page 10"w x 8"h _____	[\$320] Quarter Page 10"w x 4"h 8"w x 5"h 6"w x 6.625"h 4"w x 10"h _____	[\$198] Eighth Page 8"w x 2.5"h 6"w x 3.125"h 4"w x 5"h _____	[\$130] Small Square 4"w x 4"h _____	[\$130] Small Vertical 2"w x 8"h _____	Special Issue/Other _____	<u>Check Color Upcharge</u> Full Page _____ \$200 Half Page _____ \$100 Quarter Page _____ \$50 Eighth Page _____ \$25 or Smaller <u>PREMIUM PLACEMENT</u> Full Page _____ \$300 Half Page _____ \$225 Subject to Availability
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Indicate Month(s) Jan 17 _____ Feb 17 _____ Mar 17 _____ Apr 17 _____ May 17 _____ Jun 17 _____ Summer 17 _____ Sep 17 _____

Oct 17 _____ Nov 17 _____ Dec 17 _____ Jan 18 _____ Feb 18 _____ Mar 18 _____ Apr 18 _____ May 18 _____ Jun 18 _____

Notes:

Your Frequency Discount Rate(s) \$ _____ x _____ Total # of Insertions = \$ _____

Ad rate is based and due according to the number of ads.

Add Color Upcharge (See Chart) \$ _____ x _____ # of Color Ads = \$ _____

AD ORDER Total \$ _____

Payments: _____ Paid in full _____ First ad pre-paid _____ Bill monthly / Pre-Payment Expected and Due as Invoiced

_____ Check(s) Payable to: JFLV (Jewish Federation of the Lehigh Valley) \$ _____ Check # _____ Date _____

_____ Credit Card - Attach Authorization Form

▶▶ ACTION DATES & COPY INFORMATION: Email Ad Copy to: hakolads@jflv.org

Space Reserved by: 1st of the month prior to month of publication (Except Summer Issue by 6/21)

Is ad print ready & sized correctly? _____ YES _____ NO: If "NO" Immediately email logo, artwork, text

AD PROOF provided for non-print ready ads. E-mail: _____

If different from above

Submit ad modifications by 1st of month PRIOR to publication. Note: \$25/edit fee applies for 2+ complete ad re-designs.

No Coupons Accepted in Ad Copy

PRINT READY COPY DUE by: 5th of the month prior to month of publication. (Except Summer Issue by 6/26)

Authorized by (SIGN HERE): _____ Title: _____

Advertiser OR Company Name: _____ Date: _____

Advertiser/Company Responsible for Payment
CONTRACT NON-CANCELLABLE BY ADVERTISER

Please RETURN completed SIGNED contract to hakolads@jflv.org or fax to 1-866-493-5889
or mail to HAKOL • Jewish Federation of the Lehigh Valley • 702 N. 22nd Street • Allentown, PA 18104