



MICHIGAN Order Form

Newspaper: _____ Newspaper Email: _____

Newspaper Contact: _____ Newspaper Phone: _____

COMPLETE THIS FORM and return it to CNA, by fax (1-866-512-8845), email (networks@cnaads.com).

FOR QUESTIONS CONTACT:

Kaitlyn Van Patten
 Email: networks@cnaads.com
 Phone: 515-422-9060 Ext. 124

Newspapers bill client directly and then pay 50% of the total order cost to CNA. Newspapers must be participating member of the MANS network to sell the network and keep 50% commission.

NO POLITICAL ADS ACCEPTED.

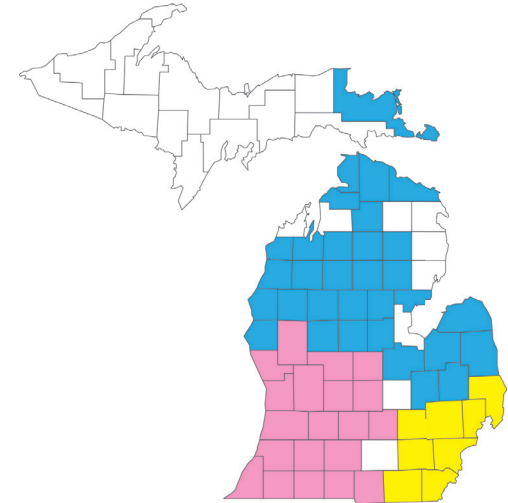
Mail checks to:

Customized Newspaper Advertising
 319 E. 5th Street
 Des Moines, IA 50309

Run Dates	# of Insertions	Region(S) Selected	Total Cost
			\$

Word Count Rules	
Address (street, box & route) = 2 words	
Phone numbers, area code, extension = 1 word	
City, State, Zip = 1 word	
Month & Day = 1 word	
Frequency Rate	
Place an ad for 4 consecutive weeks, then get the 5th week free.	
25 Words	Per Add. Word
Statewide: \$299	Statewide: \$7
North & West	North & West
Region : \$150	Region : \$7
East Region: \$250	East Region: \$7

Deadline: Tuesday 12:00PM to run the following week. Run weeks start on Mondays.



AMOUNT DUE TO CNA (net): _____
 Amount due to CNA is half of the total cost of the ad. (example, statewide: \$149.50, North & West Region \$75, East Region \$125 due to CNA)

DATE: _____

BuyID #: _____

CONFIRMATION

by CNA: _____

NEWSPAPER AUTHORIZATION: _____

AD COPY:
