



WISCONSIN 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:

Email: networks@cnaads.com
Phone: 800-227-7636 Ext.126

Newspapers bill client directly and then pay 50% of the total order cost to CNA. Newspapers must be participating member of the CNOW 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
Conjunctions of three letters or less ("and", "but", & "or") = 0 words

Frequency Rate

Place an ad for 4 consecutive weeks, then get the 5th week free.

25 Words

Statewide: \$300
Per Region : \$100
(NE, NW, SE, SW)

Per Add. Word

Statewide: \$10
Per Region : \$5
(NE, NW, SE, SW)

Deadline: Wednesday 10:00 am 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: \$150, Regional \$50, due to CNA)



AD COPY:

NEWSPAPER

Authorization: _____

CONFIRMATION
by CNA: _____

DATE: _____

BuyID #: _____