

CLASSIFIED DISPLAY- INSERTION ORDER

Classification: _____

ADVERTISER: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # IN AD: _____

ALTERNATIVE PHONE #: _____

FAX #: _____

START DATE: _____

AD SIZE: _____ COST: _____

INSTRUCTIONS: _____

PDF#: _____

A (GL, CMG, CMCG)

B (Upper Twp)

C (Ocean City)

D (EHT)

E (Galloway/Port)

F (Hamilton, EHC)

G (LNS)

H (Downbeach)

I (Absecon/P'ville)

J (Brigantine BC)

Pick Up

Copy Change

New

Ad From File _____