



AD CONTRACT

Contact Name _____

Farm/Business Name _____

Street Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

Signature _____

AD SELECTIONS

Spring _____ Summer _____ Fall _____ Winter _____

Special Position _____

Full Page

1/2 Page: Horizontal Vertical Island

1/4 Page: Horizontal Vertical

Business Card

Issue	Content Deadline
Spring	February 1
Summer	April 1
Fall	August 1
Winter	November 1

PAYMENT METHOD

Note: Full payment must be made prior to first issue in order to receive frequency discount.

Total _____

Check Payable to MCA VISA MasterCard Discover

Card # _____

Exp Date _____

Billing Address _____

Name on Card _____

Signature _____

Date:

Please return contract with payment to MCA:
2145 University Park Drive, Suite 300 • Okemos, MI 48864 • Email: info@micattlemen.org • Fax: 517.347.0919