



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 14
Summer	April 15
Fall	August 11
Winter	November 13

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:
176 Pasadena Drive, Suite 4 • Lexington, KY 40503 • Email: mmiller@kycattle.org
Phone: 859.278.0899 • Fax: 859.260.2060