

AACC International Cereal Foods World and Cereal Chemistry 2014 Ad Order Form

This is the official order form and constitutes a binding contract between AACC International, publisher of *Cereal Foods World* and *Cereal Chemistry*, and the Company named below, its agent, who are jointly and severally responsible for the cost of the advertisement. Cancellation of this order is required in writing prior to the published advertising closure dates. Separate Insertion Order Forms are required for each advertisement within a purchased package.

Order Date _____

Company name and website as it should appear in the Ad Index:

Space reservation authorized by:

Name _____

Title _____

Company _____

URL _____

Address _____

City/State or Province _____

Zip/Postal Code _____

Country _____

Telephone _____

Facsimile _____

E-mail _____

Signature _____

Agency Name _____

Address _____

City/State or Province _____

Zip/Postal Code _____

Country _____

Contact Person _____

Telephone _____

Facsimile _____

E-mail _____

Invoice Company Invoice Ad Agency

Materials

Repeat our ad from _____.

New material supplied.

Send completed insertion form to:

Cindy Anderson, AACCI Advertising
E-mail: canderson@scisoc.org • Fax: +1.651.454.0766
Mail: 3340 Pilot Knob Road, St. Paul, MN 55121 U.S.A.

For further information contact:

Cindy Anderson, Advertising Sales Director
Phone: +1.651.994.3848
E-mail: canderson@scisoc.org



Issue/s _____

Ad Headline _____

Position Requested _____

Partnership Platinum Gold Silver

Cereal Food World **Cereal Chemistry**

Single Ad

Ad Size and Format

For pricing and mechanical requirements see the 2013 Media Kit.

Full Page (CFW/Cereal Chemistry) \$ _____

Bleed Non-bleed

Four Color Black and White

Additional CFW size options:

Half Page \$ _____

Bleed Non-bleed

Vertical Horizontal Island

Four Color Black and White

Third Page \$ _____

Vertical Island

Four Color Black and White

Quarter Page \$ _____

Vertical

Four Color Black and White

Special Position—Covers \$ _____

Back Cover (Cover 4)

Inside Front Cover (Cover 2)

Inside Back Cover (Cover 3)

Total \$ _____

I approve this order on behalf of my company.

Name _____

Signature _____

Date _____

Payment Options

Check (in U.S. Funds)—*When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.*

Credit Card

VISA MasterCard American Express Discover

Invoice Company Invoice Agency

Name _____

Signature _____

Date _____

Cardholder's Name on Card _____

Amount to Charge \$ _____

Credit Card Number _____

Expiration Date _____