



Order Form



Newspaper: _____ Contact: _____
Newspaper Phone: _____ Newspaper Fax: _____

Client Name: _____ Phone: _____
Address: _____

Week(s) of insertion: _____ Classification*: _____
*common classifications include: For Sale, Help Wanted, Adoption, Notice, Events, Miscellaneous...

Circle Region(s):	Statewide	Northwest	Northeast	Southwest	Southeast
--------------------------	------------------	------------------	------------------	------------------	------------------

	25 Words	additional word	
Statewide:	\$300	\$10	Address (including street, box and route = 2 words Phone numbers, area code, extension = 1 word Email address and websites = 1 word City, State, Zip = 1 word Month and Day = 1 word Conjunctions of three letters or less ("and", "but", & "or") - not counted
Regional:	\$100	\$5	

Total cost of order: _____

AD COPY

Fax completed order form to 1-866-512-8845, email to rhernandez@cnaads.com or mail to:
Customized Newspaper Advertising, 319 E. 5th Street, Des Moines, IA 50309

Deadline: Wednesday 2:00 pm to run the following week.
*CNA prefers to receive ads with payment through the mail.
We allow our member newspapers to fax or email orders only if a check is sent within two days.
If paying by check please allow ten days clearance.

Amount Paid to CNA: _____ Newspaper Authorization: _____

Newspaper discount is 50% off published rates: Statewide - \$150 Per Region - \$50
** Newspaper must be participating member of the CNA to qualify for discount.*

CONFIRMATION NOTICE
This ad was received by CNA on: _____
If you don't receive confirmation within five days, please call
Rosa Hernandez at 515-422-9060