



Insertion Order

Go Riverwalk Magazine

Advertiser Information:

Company Name _____
 Street Address _____
 City, State, Zip _____
 Contact _____
 Phone _____
 Fax _____
 Cell _____
 E-Mail _____
 Web Site _____

Ad Size:

Full Page 2/3 Page Half Page Double Co-Op AD/Dining Guide

Frequency/Rate:

Contract Total:

1X _____ 3X _____ 6X _____ 12X _____ = _____

Special Instructions:

Issue Date(s):

Distribution Point?

Yes No How Many?

Mailing List?

Yes No

Specifications:

Digital ads must be 300 dpi (CMYK). Acceptable file formats include TIF, EPS, AI, PSD, or high-resolution PDF files only. Files may be E-mailed or sent on CD or Zip cartridges. Industry standard proofs must accompany all images submitted. E-mail files to: Dan@NEWRIVERDESIGNGROUP.com

Magazine Ad Deadlines:

Space reservation and prepayment, the 29th of the month, 2 months prior to issue date (i.e. July 29th for September issue). Material due by 3rd of the month prior to issue date (i.e. Aug 3 for September issue).

Payment:

Payment must accompany all artwork. Please make checks payable to: New River Design Group, LLC.

Cancellation:

Written notice of cancellation must be received 30 days prior to publication date, and advertiser shall pay a cancellation fee of 40 % of contract total. Publisher is not responsible for cancellations over the phone.

Send Artwork & Payment to:

New River Design Group, LLC
 Attention: Dan Verity
 200 South Andrews Ave Ste 703
 Fort Lauderdale FL 33301

Phone: (954) 765-3637
 Fax: (954) 462-0219
 Dan@NEWRIVERDESIGNGROUP.com

Advertiser's Approval:

Signature: _____

Fax signed Insertion Order to
954-462-0219.

Date: _____

Above rates are NET. New River Design Group will design your ad for a nominal charge (please inquire). Rates subject to change without notice. Publisher reserves the right to refuse any ad for any reason. Copyright, 2009 - New River Design Group, LLC.

CREDIT CARD AUTHORIZATION

Enter the information below EXACTLY as it appears on your credit card statement:



NAME

ADDRESS

CITY

STATE

ZIP CODE

CARD NUMBER

EXP DATE

CCV2

CARDHOLDER SIGNATURE

PMT AMOUNT

ONE-TIME

MONTHLY
