

[2010 IGIA Advertising Insertion Order Form]

Company _____ **Contact** _____
Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____
Fax _____ **E-mail** _____
Advertising Agency _____ **Contact** _____
Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____
Fax _____ **E-mail** _____
Number of Insertions _____
Special Comments/Requests _____

Please indicate which issues you wish to advertise in, your ad size and color preferences:

Ad	Issue	Ad Size	Color/B&W	Cost
_____	Legislative	_____	_____	_____
_____	Convention	_____	_____	_____
_____	Hall of Fame	_____	_____	_____
_____	Iowa Products	_____	_____	_____
_____	Scanner Newsletter (12 issues)	_____	_____	_____
Ribbon Sponsor Discount				_____
Total				_____

Cancellation Policy: Cancellation or changes must be received in writing by the 15th of the month prior to the month of issue and rate will be adjusted to that earned by actual number of insertions used. Cancellation is not accepted after closing date.

Payment Policy: Advertisers and advertising agencies are jointly responsible for payment of all insertions. The Iowa Grocery Industry Association will invoice the advertising agency or advertiser immediately after publication and will send two tear sheets of the publication as proof of insertion. Payment must be received within 30 days of the invoice date or a finance charge of 1.5 percent will be incurred.

In the event it becomes necessary for the Iowa Grocery Industry Association, at its option, to place this agreement in the hands of an attorney and collection agency for purpose of debt collection, the advertiser agrees to pay reasonable attorney fees and any other cost incurred by the Iowa Grocery Industry Association or its assignees.

The advertiser or the advertiser's agency will bear full responsibility for withholding advertising materials that may violate any law, regulation or ruling of the Federal Trade Commission or infringe any copyright, trademark or patent and shall defend, indemnify and hold harmless the publisher from all third party claims on account thereof.

The *iowa grocer* and Iowa Grocery Industry Association reserve the right to reject any advertisement, photograph or illustration that is not deemed in keeping with the standards of the publication.

I acknowledge upon signing this contract, that I have carefully read and accepted the terms, conditions and policies of this contract. I further understand that any verbal agreements are not binding to this agreement.

Authorized Signature _____ Date _____

**Please mail or fax to: *iowa grocer* • Attention: Phillip Nicolino
 2540 106th Street, Suite 102 • Des Moines, Iowa 50322 • Phone: (515) 270-2628 • Fax: (515) 270-0316**