

INSERTION ORDER FORM

Please type or print legibly.	
Organization:	
Primary Contact Name:	
Address:	
City, State, Zip:	
Telephone:	Fax:
E-Mail:	Website:
PLACEMENT/PAYMENT Your spot will not be reserved unless payment in full accompanies this form. (Checks, money orders or credit cards will be accepted.)	
*Advertisement Placement: (Check all that apply)	
Banner Ads	Themed Page Listing
Homepage \$500	All Pages\$300
Remaining Pages\$300	Page(s) Desired:
Page(s) Desired:	<u> </u>
Links	YourPage
Homepage\$300	All Pages \$1,500
Remaining Pages\$150	Page(s) Desired:
Page(s) Desired:	*Ask about Popup Ads
I have enclosed a \square Check in the amount specified above. Yes, please charge my \square MasterCard Or \square Visa in the amount specified above.	
· · · · · · · · · · · · · · · · · · ·	te American Express or Discover)
Account # Expiration Date /	
SignatureNa	ame(s) as it appears on the card
Please mail or fax form & payment to: Rocky Mountain International, P.O. Box 2169, Cheyenne, WY 82003 Fax: 307-634-5873	