

Date: _____

Traditional Home

Required Reader Service Listing Information

Name of Advertiser: _____

Month/Issue of Listing: _____

Section: _____

Coop Advertisers running a 3" ad or smaller receive name only listing.

NAME: _____

All other advertisers please list name and copy below.

Listing: Limit of 20 words, including heading. No 800 #'s, E-mail or Website addresses. We reserve the right to edit.
Advertiser's name and literature cost will be included in listing copy.
Listing information is due to Meredith Fulfillment Services on **issue ad closing date**.

LITERATURE COST: _____ (Cost to Reader)

NAME AND ADDRESS OF PERSON TO RECEIVE LEADS:

NAME: _____
COMPANY: _____
STREET: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____

NAME AND ADDRESS OF PERSON TO RECEIVE BILLING OR REVENUE:

NAME: _____
COMPANY: _____
STREET: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____

LEAD RETRIEVAL OPTIONS AVAILABLE:

An e-mail message will be sent to you with your advertising leads on an attachment each time there is a processing run.

E-MAIL Address: _____

Website: _____

E-MAIL, FAX OR MAIL BY AD CLOSE DATE TO:

Jon Walker
Meredith Corporation
375 Lexington Avenue
New York, NY 10017
Phone: 212-499-6721
Fax: 212-499-6757
jon.walker@meredith.com

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