



Listing Advertising in Lake Superior Marketplace

Classified Advertising Order Form

Something to sell...or rent...or buy?

Classified Listings in *Lake Superior Magazine's* Marketplace is an economical, effective way to buy or sell merchandise, services or opportunities. Reach out to a readership of 100,000 with your listing ad!

Please **check** **issue(s)** in which your ads will appear.

<u>Issue</u>	<u>Closing Dates</u>	<u>Issue</u>	<u>Closing Dates</u>
<input type="checkbox"/> Feb/Mar	December 5	<input type="checkbox"/> Aug/Sept	June 5
<input type="checkbox"/> Apr/May	February 5	<input type="checkbox"/> Oct/Nov.....	August 5
<input type="checkbox"/> June/July	April 5	<input type="checkbox"/> Dec/Jan	October 5

	Next TG only	7 TIMES	6 TIMES	5 TIMES	4 TIMES	3 TIMES	2 TIMES	LSM 1 TIME
1 Inch	108	70	74	78	80	82	86	88
2 Inches	196	126	134	140	144	150	154	159
3 Inches	282	182	196	202	210	216	234	232
4 Inches	370	238	256	266	274	264	292	304
Add'l Inch	90	58	62	64	66	68	70	72

Approximately 20 to 25 words per inch. An additional charge of \$25 for each color graphic (photo, logo or artwork) per ad per insertion. Schedule to be prepaid in full (based on U.S. Funds). For more information, call **218-722-5002** or toll-free **888-BIG LAKE (888-244-5253)**.

Information for Listing: Classification Category: _____

Ad Copy (Please print or type and include business name, location and phone number):

The Marketplace is featured in all six regular issues of *Lake Superior Magazine* and *Lake Superior Travel Guide*. Classified Listing form must be **completed and signed**. Not responsible for illegible handwriting. Pricing based on total buy at start of contract period. **All contracts prepaid**. Copy and payment must arrive by closing date. We accept MasterCard, VISA, AmEx and Discover.

Method of Payment: Check VISA MasterCard AmEx Discover Sorry – no Invoicing

Amount of Payment (from box at right) \$ _____

Card No. _____ AVS _____ Expires: Mo. ____ Yr. _____

Business Name _____ Daytime Telephone: _____

Address: (billing) _____ Fax Number: _____

City _____ State/Province _____ ZIP+4/Postal Code _____

E-mail _____ Website _____

Name (Please Print) _____ **Title** _____

Authorizing Signature: _____ **Date** _____

Please complete:

<u>Qty.</u>	<u>Item</u>	<u>Cost</u>	<u>Total</u>
_____	inches (from above)	_____	_____
_____	graphics @ \$25 each	_____	_____
Subtotal		_____	_____
<input type="checkbox"/> Multiple insertions: Multiply subtotal above by number of issues _____			
Total Payment Enclosed		_____	_____



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File # _____ Date Pd. _____ New/Renew _____
Adv. Rep. _____ Amt. Pd. _____ Frequency _____