

### 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 90,000+ with your listing ad!

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

- | <b>Issue</b>                            | <b>Closing Date</b> |
|---|---------------------|
| <input type="checkbox"/> Feb/Mar.....   | December 5          |
| <input type="checkbox"/> Apr/May.....   | February 5          |
| <input type="checkbox"/> June/July..... | April 5             |
| <input type="checkbox"/> Aug/Sept.....  | June 5              |
| <input type="checkbox"/> Oct/Nov.....   | August 5            |
| <input type="checkbox"/> Dec/Jan.....   | October 5           |
| <input type="checkbox"/> Travel Guide   | November 5          |

	Next TG only	7 TIMES	5-6 TIMES	3-4 TIMES	2 TIMES	LSM I TIME
1 Inch	158	92	102	108	112	116
2 Inches	292	170	188	200	208	215
3 Inches	424	246	274	294	302	314
4 Inches	556	322	360	384	396	412
Add'l Inch	136	78	86	92	96	98

**Note:** add \$25 per color graphic per insertion

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):

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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 and VISA.

**Method of Payment:**  Check  VISA  MasterCard Full Payment Required

**Amount of Payment** (from box at right) \$ \_\_\_\_\_

Card No. \_\_\_\_\_ CVV \_\_\_\_\_ 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:**

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



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File # \_\_\_\_\_ Date Pd. \_\_\_\_\_ New/Renew \_\_\_\_\_  
Adv. Rep. \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Frequency \_\_\_\_\_  
 \_\_\_-1 •  \_\_\_-2 •  \_\_\_-3 •  \_\_\_-4 •  \_\_\_-5 •  \_\_\_-6 •  \_\_\_TG •  \_\_\_OL