



order form

Fax completed form to 610-431-2003

Questions? call 1-877-966-0050

Ad Size:

| hired! Phillies Grand Slam Special! | | |
|---|--|--|
| <input type="checkbox"/> Qtr Page Package - \$895 | <input type="checkbox"/> Half Page Package - \$1,395 | <input type="checkbox"/> Full Page Package - \$2,495 |
| <input type="checkbox"/> FULL PAGE - \$875 | <input type="checkbox"/> HALF PAGE HORIZ - \$500 | <input type="checkbox"/> EIGHTH PAGE VERT - \$150 |
| <input type="checkbox"/> QUARTER PAGE - \$300 | <input type="checkbox"/> HALF PAGE VERT - \$500 | <input type="checkbox"/> EIGHTH PAGE HORIZ - \$150 |
| <input type="checkbox"/> INSIDE FRONT - \$1,295 | <input type="checkbox"/> INSIDE BACK - \$995 | <input type="checkbox"/> OUTSIDE BACK - \$1,295 |
| <input type="checkbox"/> CENTER SPREAD - \$1,395 | <input type="checkbox"/> ADVERTORIAL - \$1,995 | <input type="checkbox"/> ADVERTORIAL DBL - \$2,995 |

Frequency:

| | | |
|---|--|---|
| <input type="checkbox"/> 1 time run | <input type="checkbox"/> 4 times (10% disc.) | <input type="checkbox"/> 12 times (15% disc.) |
| <input type="checkbox"/> 26 times (20% disc.) | <input type="checkbox"/> other: _____ | |

Category:

| | | |
|---|--|---|
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Finance\Accounting | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Hospitality\Food Service | <input type="checkbox"/> Marketing\Advertising | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Pharma\Biotechnology | <input type="checkbox"/> Administrative\Office | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Sales\Business Dev. | <input type="checkbox"/> Skilled Trades | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> General Labor | <input type="checkbox"/> Education & Training | <input type="checkbox"/> Other Opportunities |

Issue Dates & Ad Details:

Issue Dates*: (Check off All that Apply):

| | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 8/25/08 | <input type="checkbox"/> 9/8/08 | <input type="checkbox"/> 9/22/08 |
| <input type="checkbox"/> 10/13/08 | <input type="checkbox"/> 10/27/08 | <input type="checkbox"/> 11/10/08 |
| <input type="checkbox"/> 11/24/08 | <input type="checkbox"/> 12/8/08 | <input type="checkbox"/> 12/22/08 |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

note that future issue dates are subject to change. Your ads will be run on the closest available date

Hired! Rep:

Ad Agency? Yes No

Creative Creative Supplied

Services: Creative Needed

TOTAL PKG PRICE \$ _____

DISCOUNT/COUPONS \$ _____

AMOUNT DUE: \$ _____

Client Information:

Company Name: _____

Address line: _____

City, State, Zip: _____

Billing Contact: _____

Billing Phone: _____

Billing Fax: _____

Billing Email: _____

Ad Contact: _____

Ad Contact Phone: _____

Ad Contact Fax: _____

Ad Contact Email: _____

Authorization:

I am authorized to make this purchase on my company's behalf. When making a purchase that includes a frequency discount, I understand that payment is required for the entire order at the time order is placed. Advertiser must be run in the issue(s) specified above. Client will be responsible for timely submission and/or approval of artwork, and no refunds or credits will be issued for missed deadlines and subsequent exclusion from a given issue, unless prior arrangements have been made. If ad space is reserved on a "TBD" basis, this space must be utilized within 18 months of purchase or space will be forfeited and no refund will be given. If multi-date contract is canceled prior to fulfillment, then any ads that were discounted as part of the multi-issue run will be charged at full rate.

Signature _____

Date: _____

| | | | | | |
|---|--|---------------------|--|------------------------------------|-------------------------|
| | | | For your convenience, Human Capital Solutions, LLC accepts Visa, MasterCard, and American Express. | | |
| Cardholder Name: | | Credit Card Number: | | Expiration (MM/YY): | |
| Credit Card Billing Address: | | | City, State, Zip: | | Card Verification Code: |
| I authorize Human Capital Solutions, LLC to bill the above credit card in the amount of \$ _____ for services rendered. | | | | Billing email (for receipt): _____ | |
| Signature: | | | Date: | | |

