



The National List of Attorneys

(800) 227-1675

Insertion Order & Agreement

Fax: (701) 223-5634
www.nationallist.com

Effective January 1, 2010

P.O. Box 2486
Bismarck, ND 58502-2486

	Rates	Amount
* Annual Directory Ads and Developing a Collection Practice Booklet Ads include annual listing under vendors and suppliers page on www.nationallist.com		
<input type="checkbox"/> Inside Front Cover * - 4/C	\$3950.00	\$
<input type="checkbox"/> Inside Back Cover * - 4/C	\$3750.00	\$
<input type="checkbox"/> Full Page * - B/W	\$1495.00	\$
<input type="checkbox"/> Half Page * - B/W	\$995.00	\$
Section Dividers * - B/W		
Summary of Collection Laws - <input type="checkbox"/> Side One / <input type="checkbox"/> Side Two	\$3000.00	\$
State Listings - <input type="checkbox"/> Side One / <input type="checkbox"/> Side Two	\$3000.00	\$
Color Charge: <input type="checkbox"/> 2-color / <input type="checkbox"/> 4-color (call for pricing)		\$
<input type="checkbox"/> Branded Email Campaign	\$995.00	\$
<input type="checkbox"/> 2 nd run of Branded Email Campaign	\$497.50	\$
eNewsletter Advertising Package		
<input type="checkbox"/> 1 eNewsletter Tile Ad - per issue ___# of issues	\$300.00	\$
<input type="checkbox"/> 4 ads/year in monthly newsletters	\$1050.00	\$
<input type="checkbox"/> 6 ads/year in monthly newsletters	\$1450.00	\$
<input type="checkbox"/> 12 ads/year in monthly newsletters	\$2350.00	\$
<input type="checkbox"/> Website - Annual Listing (under Vendors & Suppliers)	\$250.00	\$
Website Advertising Package		
<input type="checkbox"/> 1 month	\$300.00	\$
<input type="checkbox"/> 4 months	\$1050.00	\$
<input type="checkbox"/> 6 months	\$1450.00	\$
<input type="checkbox"/> 12 months	\$2350.00	\$
TOTAL		\$

Ad Specs: Please provide high res (300 dpi or higher) pdf for print ads and high res (300 dpi or higher) tif or jpg for electronic ads.

Please charge \$ _____

__MC __VS __AX __DS Exp Date: ____/____/____ CVV Code _____

(Print Name as it appears on the credit card)

Account #: _____

Credit Card Billing Address: _____

City State Zip _____

Authorized Signature _____ Date _____