



**2009 QUEST DIGITAL Q&A
ADVERTISING & SPONSORSHIP OPPORTUNITIES**

Company Name: _____
 Contact: _____ Title: _____
 Address: _____
 City: _____ State/Province: _____
 Country: _____ ZIP/Postal Code: _____
 Phone: _____ Fax: _____
 Email: _____

Web site URL to be listed in digital Q & A: _____

ALL rates listed below are member rates. Non-Quest members must pay an additional 30%.

Quest Digital Q&A Advertising Rates:

Issue Ads:	Q3 2009	Q4 2009	Articles:	Q3 2009	Q4 2009
Two page spreads	\$6,000	\$6,000	3 Page Article	\$4,500	\$4,500
Full Page Ad	\$4,000	\$4,000	5 Page Article	\$6,000	\$6,000
Half Page Ad	\$2,500	\$2,500			

2009 QUEST INSERTION ORDER PAYMENT INFORMATION & CONTRACT AUTHORIZATION

On behalf of _____, I agree to abide by all rules and regulations outlined in the above agreement. This application constitutes a contract when countersigned by a Quest representative.

Terms: The advertiser and any agent who executes this contract, as an agent for the advertiser shall be jointly liable for payment of the advertising fees provided for in this contract. Any person signing this contract as an advertising agency warrants that he/she has full power and authority as an agent and is bound to the terms and conditions of this agreement.. Payments of amounts due shall be made on the date(s) specified by Quest. Advertising is subject to approval of Quest as to artistic and publication content. In addition, the advertiser must submit materials or corrected advertising in the prescribed format. If materials are not received in the correct format, Quest is not obligated to publish the material and no refund will be given.

Cancellation: No refunds will be made for cancellations. If a cancellation is made with a balance remaining, I understand my company must pay the remaining amount, and the remaining amount must be paid prior to being allowed to participate in future Quest events and publications.

Payment: Payment must be made within 30 days of the publication date. I understand that any balances exceeding 30 days following the release of the publication will be assessed a finance charge of 5% per month. I understand I am required to notify Quest in writing for any special invoicing requests.

Authorization Signature: _____ **Date:** _____

Quest Signature: _____ **Date:** _____

PAYMENT METHOD	
<input type="checkbox"/> My check is enclosed in U.S. funds (payable to Quest)	Charge to <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number: _____	Expiration Date: _____
Name appearing on the card: _____	
Signature (required): _____	
Amount authorized to charge to credit card: _____	

All inquiries and Ad Materials to:
 David Coleman
 859.219.3555 Fax: 859.226.4321
david.coleman@questdirect.org