



The Valley Voice

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Ad Insertion Order

Billing Information

Name: _____

Contact Person: _____

Mailing Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Advertisement Information

Size: _____ Columns x _____ Inches

No. of Insertions: _____ Placement Info: _____

Display: _____ Business Directory: _____ Cost: _____

Ad size: 1/2 1/4 1/8 BC Camera Ready: Yes/No

2020 Publication Dates

January 16 & 30	April 9 & 23	July 2, 16 & 30	Oct 8 & 22
February 13 & 27	May 7 & 21	Aug 13 & 27	Nov 5 & 19
March 12 & 26	June 4 & 18	Sept 10 & 24	Dec 3 & 17

Proof Required: Yes _____ No _____ If Yes, Fax/email: _____