



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

2018 Publication Dates

January 11 & 25	April 5 & 19	July 12 & 26	Oct 4 & 18
February 8 & 22	May 3, 17 & 18	Aug 9 & 23	Nov 1, 15 & 29
March 8 & 22	June 14 & 28	Sept 6 & 20	Dec 13

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