



BAR ASSOCIATION  
OF ERIE COUNTY

This form must accompany all space reservation requests.

PLEASE EMAIL THIS INSERTION ORDER TO  
GREGORY HIRTZEL AT  
GHIRTZEL@ERIEBAR.ORG

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Advertising Agency (if applicable) \_\_\_\_\_

**Run Dates**

\_\_\_ Fall through Summer (six issues) OR (check one or more below)

\_\_\_ Fall \_\_\_ November \_\_\_ January \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer

**Ad Size** (Check one)

\_\_\_ Full Page \_\_\_ 1/2 Page Vertical \_\_\_ 1/2 Page Horizontal \_\_\_ 1/3 Page Vertical \_\_\_ 1/3 Page Horizontal

\_\_\_ 1/4 Page Vertical \_\_\_ 1/4 Page Horizontal \_\_\_ 1/6 Page Vertical \_\_\_ 1/6 Page Horizontal

\_\_\_ 1/8 Page \_\_\_ Classified Ad \_\_\_\_\_ 1-4 Column Inches (please specify)

**Color** (Check one)

\_\_\_ B/W \_\_\_ Color (Please Note: Additional \$100 Charge)

**Cost per insertion:** \$ \_\_\_\_\_

Check enclosed OR  MasterCard  Visa Expiration Date: \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_

Please bill me

Special Instructions/Comments: \_\_\_\_\_

\_\_\_\_\_