



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

2011 Publication Dates

January 12 & 26	April 6 & 20	July 13 & 27	Oct 5 & 19
February 9 & 23	May 4 & 1	Aug 10 & 2	Nov 2, 16 & 30
March 9 & 23	June 1, 15 & 29	Sept 7 & 21	Dec 14

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