

Workforce

M A N A G E M E N T

245 Fischer Avenue, Suite B2
 Costa Mesa, CA 92626
 p: 714/751-1883 f: 714/751-4106
 www.workforce.com

INSERTION ORDER

July 2003

**Space Reservation Closes:
 May 26, 2003**

**All Materials Due:
 June 2, 2003**

Please indicate where to send the invoice by checking the advertiser or agency box.

ADVERTISER

AGENCY

Company _____

Company _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Fax _____

Fax _____

Contact _____

Contact _____

Billing Instructions: Direct Gross Direct Net Agency Net

<p>DISPLAY ADVERTISING</p> <p>Contract on File</p> <p>Insertion # ____ of ____</p>	<p>Ad Size: _____ Color: _____</p> <p>Frequency Rate: _____</p> <p>Based on Rate Card Number: _____</p> <p>Gross: \$ _____ Net: \$ _____</p> <p>Material Instructions*</p> <p><input type="checkbox"/> NEW materials to arrive by: _____</p> <p><input type="checkbox"/> PICK UP Issue date: _____</p>	<p>Position Instructions:</p> <p>Additional Instructions:</p>
<p>SPECIAL AD SECTION</p> <p>SUCCESS STORIES</p>	<p>Gross: \$ _____ Net: \$ _____</p> <p>Material Instructions*</p> <p><input type="checkbox"/> NEW materials to arrive by: _____</p> <p><input type="checkbox"/> PICK UP Issue date: _____</p>	<p>Please provide contact information of the person who will be responsible for providing copy for the Success Stories.</p> <p>Name: _____</p> <p>Phone: _____</p>

* Please note: Materials received after the 6th of the month, prior to publication will receive a \$100 LATE FEE.

ACCEPTED FOR ADVERTISER

ACCEPTED FOR PUBLISHER

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

**FAX SIGNED
 INSERTION
 ORDER TO:
 714/751-4106**

Advertiser agrees to pay appropriate rates and production costs as specified in the "Rate Card No." box above. No cancellations will be accepted after closings. If advertiser cancels or fails to fulfill contract, short rates apply. Advertiser agrees to acceptance of policies and rules as stated by *Workforce Management* Print Advertising Policies.

MARK WEINSTEIN
 Eastern Sales Manager
 212/210-0141
 markw@workforce.com

LAURA BOOTH
 Central Sales Manager
 714/751-1883 ext. 226
 boothl@workforce.com

KIM BECHTOLD
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**ADVERTISER INDEX
DATA FORM**

July 2003

With each ad run in *Workforce Management* magazine, you are entitled to placement in the Advertiser Index, which includes our online lead generation system. Please provide the following information along with your signed insertion order.

Advertiser _____

10-word Headline: _____

Contact Information for the individual who is to receive your lead information:

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website Address _____

E-mail address for person receiving leads _____

Category Selection

Please select the one category from the list below in which your product should be placed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Pension/Retirement Benefits | <input type="checkbox"/> Technology |
| <input type="checkbox"/> General Benefits | <input type="checkbox"/> Recognition & Incentives | <input type="checkbox"/> Training |
| <input type="checkbox"/> Global Workforce Management | <input type="checkbox"/> Relocation | <input type="checkbox"/> Workplace Management |
| <input type="checkbox"/> Health Benefits | <input type="checkbox"/> Software | |
| <input type="checkbox"/> Legal/Compliance | <input type="checkbox"/> Staffing & Recruitment | |

Person submitting this material _____

Phone _____ Email Address _____

Please submit this information along with your signed insertion order.

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