



INTOWN ATLANTA POMC ADVERTISER CONTACT INFORMATION

Name:

Company Name:

Phone:

Fax:

Email:

Address:

City:

State:

Zip:

AD INFORMATION

Ad Size (please circle):

Business Card

Quarter Page

Half
Page

Full Page

Number of Issues:

Are You A Club Member?

Yes

No

Total Enclosed (ad size x number of issues minus any discounts):

\$

Please email your camera ready ad to communications@IntownAtlantapomc.org

Please mail your completed form and payment to:

Secretary of IAPOMC
P.O. Box 893
Decatur, GA 30031