

# 2018 CFDA Associate Advertising Invoice

Date \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ Yes, I am interested in advertising in the CFDA Newsletter.  
which will cover \_\_\_\_\_ ad insertions Size \_\_\_\_\_ B/W \_\_\_\_\_ Color \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_

Credit Card Payment MasterCard \_\_\_\_\_ VISA \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Zip Code \_\_\_\_\_ Security Code \_\_\_\_\_

Please make check payable to CFDA and mail with this invoice to:

CFDA  
364 Silas Deane Highway  
Wethersfield, CT 06109  
Attention: John F. Cascio, Executive Director

Be sure to indicate: (1) Number of Insertions (include which months if not inserting in all 6)  
(2) Size of your Ad.

860 721-0234 Office  
860 257-3617 Fax  
800 919-CFDA Toll Free

