



ADVERTISER CONTACT INFO:

Company name: _____ Trademark / Brand name _____

Full mailing address: _____

Zip code: _____ City: _____

Phone: _____ Contact person: _____

Email : _____

Please specify the billing address if different from the advertiser's



RESERVED SPACE Ante insulæ

Order contact person: _____

Date: _____

Issues #: _____

Advertiser: FAC FAP P4X

The advertiser's order form must be attached to the WEST INDIES HELICOPTERS invoice

	Quantity	Issue # / Season	Remarks	Total Euros
Double-page				
The 4th Cover				
2nd or 3rd cover				
Opposite Editorial or Summary				
Interior page				
Other				
TOTAL EUROS - Excluding taxes not subject to VAT				

ADVERTISING TERMS:

- Ad artwork must be sent to **redaction@anteinsulae.fr**
NO LATER THAN 48H BEFORE CLOSURE OF TARGET ISSUE (as PDF HD or JPG HD 300 DPI).
- **Full page** : 8.3" wide x 5.8" high • CMJN + 5 mm lost background.
- **Double-page** : 16,53" x 5.8" high • CMJN + 5 mm lost background.
- This order form must be signed and sent no later than 48 h before final closure of the issue at **redaction@anteinsulae.fr**

PAYMENT TERMS:

- Certified check to Editions Ante Insulae mailed to LES ÉDITIONS ANTE INSULAE
C/o SBH DOM - Carrefour Les 4 Chemins - Marigot - 97133 Saint-Barthélemy.
The signed Order Form must be sent along with the check.
- Bank transfer, to Editions Ante Insulae:
IBAN > FR76 1131 5000 0108 0215 6373 208

Dated _____

Advertiser stamp and signature preceded by the date and the words "Read and approved".

