



# Florida Association of Licensed Investigators

## FALI Advertising Request Form for the Annual Printed Membership Directory

Contact/Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Requester Signature: \_\_\_\_\_

<b>Business Card</b>	<b>1/4 Page</b>	<b>1/2 Page</b>	<b>Full Page</b>	<b>Cover pages</b>	<b>8 x 10 Full Page</b>
	4 x 5	8 x 5	8 x 10	\$1000	Inside Front or Back Cover
\$50	\$175	\$350	\$750	\$1500	Outside Back Cover

**All advertising requests must be submitted by December 1, 2008 MUST BE PRE-PAID**

My Cancelled check is my receipt. Amount enclosed: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Card #: \_\_\_\_\_ Auth Amt: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Confirmation/Receipt will be send by E-mail) E-mail: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

(Ads can also be purchased by Credit Card on the FALI web site; [www.FALI.com](http://www.FALI.com).)

Enclosed are two (2) business cards. (FL License #: \_\_\_\_\_ )

Enclosed is camera ready Ad Copy for a:  Full page  1/2 page  1/4 page

Inside Front cover  Inside Back cover  Outside Back cover

Ad Copy can be sent as a TIFF or Jpeg file by E-mail to: [Members@FALI.com](mailto:Members@FALI.com) ; Subject: Directory Ad

Mail all requests & Ad Copy to: FALI Directory

Tel: 888-845-3254

PO Box 1711  
Jupiter, FL 33468-1711

[Members@FALI.com](mailto:Members@FALI.com)

Checks Payable to FALI

Office Use Only: Received: \_\_\_\_\_  Check #: \_\_\_\_\_  CC Amt paid: \_\_\_\_\_