

Booking Form

Date ABN: 667 650 662 57 54 Hills Street, North Gosford 2250 **Email** simone@kidzonthecoast.com.au debbie@kidzonthecoast.com.au Website kidzonthecoast.com.au Phone 4325 3393 Company: _____ Contact: _____ Address: ____ ABN: Phone: Mobile: ____ **ADVERTISING DETAILS** Issue April/May Jun/Jul Aug/Sep Oct/Nov Feb/Mar Dec/Jan 3 issue discount Editorial to appear in:______ **Advert Size** 1/18 page 1/6 page 1/3 page 1/2 page Full page Advertisement Price: _____ **Artwork Supplied** Kidz on the Coast to create new artwork Yes **Payment** Cheque Electronic Transfer Credit Card Credit Card Details Card type _____ Card No. ___ _ _ _ _ _ _ _ _ _ _ _ _ _ Name on Card:______ Expiry: _____ **IMPORTANT:** By signing this form below, the client agrees to proceed with advertising as per details above in Kidz on the Coast. I/We agree to the priced guoted above. We acknowledge & confirm that we will make payment by the date specified on the invoice.

Signature: