



CNPA Services Inc.
2000 O Street #120, Sacramento, CA 95811
916-288-6010

Advertiser's name _____ Company _____

Mailing address _____

City _____ State _____ Zip _____

Tel _____ Fax _____ e-mail _____

ADVERTISING OPTIONS Select all applicable options 

Please note deadlines for holiday weeks may be earlier

Deadline: Thursday 10 a.m. PST

CLASSIFIED
25-words

- \$600 New Advertiser Special upto 7-days Mon--Sun Statewide**
- \$1,500 upto 7-days Mon--Sun Statewide**
- \$800 upto 5-days Mon-Fri**
- \$1000 2-days Sat-Sun State-**
- \$1,750 Combo**
Large Dailies + Weeklies

CDCN- California Daily Classified Network
35 dailies incl. major dailies reaching over 10 million readers statewide

PLACEMENT INSTRUCTIONS:

Run my ad for One week _____ Every alternate week _____ Four consecutive weeks _____ Other _____

Print your classified ad here

Please note classification requests are not guaranteed

CLASSIFICATION request for classified ads only _____

TERMS AND CONDITIONS OF ADVERTISING:

1. Ads will be accepted in the statewide network programs if they meet generally accepted newspaper standards as well as all state & federal laws. The advertiser is responsible to ensure the advertisement complies with all applicable laws.
2. All published network rates, lists of participating newspapers, circulation and deadlines are subject to change without notice.
3. No cancellation or changes to ad copy will be permitted after the deadline has passed.
4. Makegoods will be pursued for significant typos, such as a wrong address or telephone number.
5. The statewide advertising networks are cost-effective advertising programs with no provisions for tearsheets.
6. I understand that by providing my fax number I consent to receive announcements, advertisements, brochures and other information from CNPA (and its subsidiaries and affiliates) via facsimile, telephone or email.

I've read and fully understand all rules and conditions provided hereon about advertising in the statewide networks

PREPAYMENT IS REQUIRED Discover card, Mastercard, Visa, Cashier's Check, Money Order

Cardholder _____ (name on card) Address _____

City _____ State _____ Zip _____

Total Authorized \$ _____ per week

Credit Card # _____ Exp. Date (mo./yr) _____ CVVC code _____

Cardholder's signature required _____ Date _____