

REQUEST FOR ADVERTISEMENT APPROVAL

ATTN: Marketing Representative

Fax To: (410) 581-8070

No. of Pages (incl. Cover) _____

Contact Name _____ Customer # _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Please include a copy of the advertisement or commercial script that requires approval.

Please complete the following:

Type of Advertising _____

Publication/Media _____

Run Dates _____

Audience _____

Additional Comments _____

**In order to expedite your request, be sure to include a copy of the ad.
Please allow 2-5 business days for your request to be processed.**

For Office Use Only:

_____ Date Received

_____ Approved by