

# AD SUBMISSION FORM



## AD SIZE

- FULL BLEED     FP     BCK PG     1/2 HRZ  
 1/2 VRT     1/3 HRZ     1/4 VRT

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- PPM\_A     PPM\_B     SCD

ADVERTISER NAME:

PUBLISHER: CAROL GIGLIELLO

ADDRESS:  
CITY: STATE: ZIP:

HOURS:

PHONE:  
FAX:  
CELL:  
TOLL FREE:

COLORS:

EMAIL:  
WEBSITE:  
FACEBOOK:

STARBURSTS:

BULLETS:

SPECIAL INSTRUCTIONS:

OTHER TEXT:

OFFER 1

OFFER 2

OFFER 3

OFFER 4