

Please check this order carefully and notify publisher within 24 hours if information is incorrect _____ Date: _____ Company / Agency: City: ______ State/Province: _____ Zip/Postal Code: ______ Telephone: _____ _____ E-mail: _____ If Agency, Specify Client: _____ Purchase Order Number: Issue ☐ This is insertion number ___ of ___ insertions ☐ Summer ☐ Fall Winter ☐ Spring Size ☐ Full Half ☐ Third ☐ Insert Quarter Shape Color 4 color ☐ Run PMS ☐ Vertical ☐ Horizontal \square B/W **Special Instructions** Frequency Commissionable? \square 1-time \square 4 time Yes \square No **Special Position** ☐ Cover 2 Cover 4 ☐ Page 1 ☐ Right-hand Page ☐ Far Forward Cover 3 **Special Services** ☐ Typesetting Required ☐ Conversion Required **Digital Signature COST** Gross \$ _____ Commission \$ Association for the Advancement of Artificial Intelligence Conversion \$ _____ 445 Burgess Drive, Suite 100 Menlo Park, CA 94025 USA Color \$ _____ 650-328-3123 Net \$ _____ 650-321-4457 http://www.aimagazine.org