

**Insertion Order #**

**Advertiser Name:**

**Agency Name:**

**Contact Information:**

**Advertiser/Agency**

**Ads Rep/Other**

Name:

Title:

Address:

Phone:

Fax:

Email:

**Agency/Client Billing Information:**

Agency Name:

Address:

Phone number:

Email:

Billing Instructions:

**Campaign Details/Goals & Objectives**

**Client/Advertiser**

**Campaign Name:**

**Campaign Goals & Objectives:**

**Flight Time:**  
**{Start/End Date}**

**Budget/Currency:**

**Distribute Budget Evenly?**

**Billing:**

Measurable KPIs:

Retargeting:	Yes
If yes, what is freq cap?	No

Geographic Targeting:

Target Audience/  
Demographics

Consumer Interest  
Profiles:

Creative  
Requirements

Additional Comments:

TARGETING	CHANNEL	FORMAT	OPTIMIZATION GOAL	ESTIMATED RATE	ESTIMATED REACH	BUDGET (USD)
Behavioral, Site Remarketing	Display	300x250, 728x90, 300x600, 160x600, 320x50	CTR	5-8 dCPM	1,575,000 Impressions	9,450
Behavioral, Contextual, Site Remarketing	Native* (2 Articles)	Image, Copy, Logo	Time on Page	4-7 dCPM	3,000,000 Impressions	18,000
Behavioral, Site Remarketing	Pre-Roll & Native Video	:15 or :30	Completion Rate	21-25 dCPM	487,864 Impressions	10,733
TOTAL					5,062,864	38,183

This I.O is hereby agreed to by Advertiser. Signature indicates Advertiser has read and understands the parameters outlined above.

Client Rep/Agency Rep	AJRMG Rep
Signed:	
Name:	
Title:	
Date:	