

Sign Builder Illustrated Buyer's Guide

FREE LISTING FORM

Mail To: Simmons-Boardman Publishing
345 Hudson St., 12th Flr., New York, NY 10014

Fax To: **212-633-1165 OR 413-280-3530**

Questions about this form? Please call **212-620-7246**

Company listing will appear in **ONE** of the following sections: (please check the box which represents your **MAIN** business) Distributor Manufacturer/Supplier Sign Company/Contractor Sign Industry Related Co.

Complete this form now to secure your **FREE LISTING** in the Sign Builder Illustrated Buyer's Guide, published twice a year, in the Spring and Fall. Please print clearly to ensure that the information will appear correctly. Return by fax or mail to the address above. Display and logo advertising is also available. Thank you for completing and promptly returning this form as soon as possible.

Company Code (for office use only): _____

Company Name: _____

Division of: _____

Street Address: _____

PO Box: _____

PO Box Zip Code: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Toll Free: _____

E-mail Address: _____

Web Site (URL): _____

This Form Completed By:

Name: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

I will accept future questionnaire updates via FAX and/or U.S. Mail.

I am interested in Display Advertising/Logo options. Please contact me with additional information.

In order to be included in the Buyers Guide, please sign and return all listing forms.

Personnel Listings List one or two key sales contacts.

Name:	Title:	E-mail:
Phone:	Fax:	
Name:	Title:	E-mail:
Phone:	Fax:	
Name:	Title:	E-mail:
Phone:	Fax:	

Manufacturer & Supplier Products

Please refer to the attached Products List and select the products/services that your company provides. Remember to return the product form with this Listing Form! If you cannot locate the product you manufacture, please note the general product below and it will be added to the Product List.

Additional Locations

Please provide the following information so we can accurately list the name, address, phone & fax numbers, and manager/supervisor contact for your company's additional locations/offices. Feel free to copy this form or attach a separate print out if space is not sufficient.

Office Name:		
Street Address:		
PO Box:		
City:	State:	Zip Code:
Phone:	Fax:	
E-Mail Address:	Web Site (if different from Main office):	
Key Contact:	Title:	
Office Name:		
Street Address:		
PO Box:		
City:	State:	Zip Code:
Phone:	Fax:	
E-Mail Address:	Web Site (if different from Main office):	
Key Contact:	Title:	