



2027 ADVERTISING CONTRACT

The Funeral Home & Cemetery Directory

Firm Name _____

Address _____ City _____ State _____ Zip Code _____

PO Box _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Toll Free _____

E-Mail _____ Website _____

E-Mail for Digital Link (if different) _____

Ad copy:

PLEASE INCLUDE IN MY AD (not available in Bold Listings) ☐ Company Logo ☐ Photo ☐ Gray Screen ☐ Reverse Industry Association Logos (specify) _____

Any ad copy changes must be received by Nomis Publications, Inc. on or before June 1, 2026

Ad Size(s)

City(ies)

Cost

_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

☐ I do not wish to place an ad at this time, however, I would like to continue to support Nomis Publications, Inc.

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☐ \$50.00 ☐ \$35.00 ☐ \$20.00 ☐ \$10.00 ☐ \$5.00 ☐ Other \$ _____

PAYMENT INFORMATION: ☐ Check ☐ Master Card ☐ Visa ☐ American Express ☐ Discover

Card Number _____ Exp. Date _____ CID (3 or 4 digit) _____

Billing Address for Credit Card (if different than above) _____ City _____ State _____ Zip Code _____

Signature (required on all orders) X _____

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