

ART RESOURCES

AR

Taos Guide To The Arts 2000

WOLFF PUBLISHING WORKS • POB 159, CARSON, NM 87517 • (505) 751-0620 • FAX (505) 751-0627

PLEASE MAIL THIS FORM WITH YOUR PAYMENT

LISTING: LISTING INFO LISTING IMAGE LISTING

WEB OPTIONS: WEB SITE WEB SHOP NO. OF ITEMS _____ LINK

ADVERTISING: 1/8 PAGE 1/4 PAGE 1/2 PAGE FULL PAGE TWO PAGE SPREAD OTHER _____

| | | | |
|---------------------------------|-------------------------|---------------------------------|-----|
| SHOP NAME | TELEPHONE () | FACSIMILE () | |
| PARENT COMPANY | TOLL FREE NUMBER () | EMAIL ADDRESS (USE PROPER CASE) | |
| MAILING ADDRESS | CITY | NM | ZIP |
| PHYSICAL ADDRESS | CITY | NM | ZIP |
| WEB SITE ADDRESS http://www. | BBS ADDRESS | | |
| MANAGER | HOME PHONE | | |
| OWNER | HOME PHONE | | |

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR YOUR SHOP BY PRINTING OR TYPING

| |
|--|
| LOCATION... <input type="checkbox"/> TAOS... <input type="checkbox"/> TAOS PLAZA <input type="checkbox"/> NEAR PLAZA <input type="checkbox"/> BENT STREET <input type="checkbox"/> JOHN DUNN SHOPS <input type="checkbox"/> KIT CARSON <input type="checkbox"/> TAOS PUEBLO <input type="checkbox"/> RANCHOS DE TAOS <input type="checkbox"/> EL PRADO <input type="checkbox"/> PILAR <input type="checkbox"/> ARROYO SECO <input type="checkbox"/> TAOS SKI VALLEY <input type="checkbox"/> OJO CALENTE <input type="checkbox"/> TRES PIETROS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ENCHANTED CIRCLE... <input type="checkbox"/> QUESTA <input type="checkbox"/> RED RIVER <input type="checkbox"/> EAGLES NEST <input type="checkbox"/> ANGEL FIRE <input type="checkbox"/> HIGH ROAD TO TAOS... <input type="checkbox"/> PENASCO <input type="checkbox"/> PICURIS PUEBLO <input type="checkbox"/> OTHER _____ |
| TYPE OF ART RESOURCE... |
| TYPES OF PRODUCTS... |
| YOUR TEXT (INFO AND IMAGE LISTINGS ONLY)... |
| DESCRIBE LOCATION FOR MAP... |

| | |
|---|-------------------------------------|
| PAYMENT INFORMATION | |
| METHOD OF PAYMENT <input type="checkbox"/> CHECK (TGA) <input type="checkbox"/> MONEY ORDER (TGA) <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA | |
| AMOUNT OF PAYMENT: \$ | |
| CREDIT CARD INFORMATION | |
| NAME OF CARD HOLDER _____ | |
| CARD NO. _____ | EXP. DATE _____ |
| BILLING ADDRESS _____ | |
| TOWN _____ | STATE _____ ZIP _____ |

THANK YOU FOR YOUR ORDER!