## **Traffic Scenarios-Scenario 2**

You have sold a client radio advertising for \$25/spot. He wants to run 15 commercials/week for 3 weeks.

## Are the following filled out correctly?

Correct Broadcast Order is being used. Should indicate on top right hand corner	
Revised October 2016	
Correct market is selected	
Client Address: Complete company full name, mailing address including postal code	
Complete contact information: full name, phone numbers and email addresses	
Line Of Business: what type of business?	
Start/End Dates	
Acct. Exec: sales reps name	
Campaign name: What is the campaign name – this will show up on all invoices	

## Under Instructions section:

Run Dates (start of commercial run)	
# Wks: needs to be completed according to the broadcast calendar	
Number of # commercials indicated under which days of the week	
Times: Run times of the commercials	
Length – correct length for a commercial	
Drop down window has selection of types	
Occ: This will auto fill as long as #Wks column has a number in it and numbers under 'days of the week'	
Spot Rate:	

## Under Details of Billing and Other Instructions section:

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Broadcasting Corporation "Ontario's Local	88.7 CI 20 Mark Napan K7R 1J3	et Sc ee, C	quar	Э	- /	Div	risior		613-354-45 613-354-36		inee	Rev	Date: vision	11-Jan-2017 NO		Co-op Script
Client:	Client's							Contact:		Full Name		Star	t Date:	Jan 9/17		
Address:	Street Ad Town, Pr Postal C	ovinc						Phone: Fax: Email:		hone Number Fax Number mail addres:			ry Date:	Jan 29/17		
ine of Business:	Type Of E	Busin	ess					Inv. Email:	where i	s the invoice	going?	Acct	t. Exec:	REPS NAME	-	
New Client Prepayment Collected	New Client NO Detailed Billing					YES NO				Campaign: Spot Buy January 2017						
Instructions	# Wks	м	T V	/ 1	r F	s	s	Times	Length	Desc.	Occ.	Spot	Pkg. Price	Total Amount		
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Wy Broadcasting Corporation "Ontario's Local Broadcast Company"  20 Market Square Napanee, Ontario K7R 1J3								Tel: 613-354 ax: 613-354			Re	vision	NO		Co-op Script																						
Client:	Client's	Name					Contac	t:	Full Name		Sta	rt Date:	Jan 9/17																								
Address:	Street A	ddress					Phone		Phone Numb	er			•																								
	Town, P						Fax:		Fax Numbe		Expi	iry Date:	Jan 29/17																								
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