

# Requisition

Req # 00191640

PO #

Date: 03/10/11

*Consent  
#  
3/22/11*

Bill To: x  
x

Vendor: 374865  
SCREENVISION DIRECT  
360 LINDEN OAKS  
ROCHESTER NY 14625  
FAX (585)899-2970

Ship To: HEALTH DEPARTMENT  
1304 S. 25TH  
EDINBURG TX 78539

Contact: JOSIE ESCALANT  
956-383-6221

Contract No:

Special Instructions:

| QUANTITY | UOM  | DESCRIPTION   | UNIT PRICE  | AMOUNT   |
|----------|------|---|-------------|----------|
| 16.00    | EACH | DO NOT DUPLICATE ORDER<br>OM THEATRE ADVERTISEMENT<br>CARMIKE THEATRE<br>EDINBURG, TEXAS<br>ADVERTISEMENT TOPIC: FLU DROPLETS<br>DATE: 4/8/11- 7/28/11<br>17 SCREENS @ \$487.00 WEEKLY X 16 WEEKS = 7792.00 | 487.00      | 7,792.00 |
| 1.00     | EACH | OM SUPPLIED AD  | 450.00      | 450.00   |
|          |      | Account No  | Encumbrance |          |
|          |      | 1-1293-441-00-340-042-1-540   | 8,242.00    |          |
|          |      |   | Freight     | .00      |
|          |      |   | Total       | 8,242.00 |
|          |      | REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233  |             |          |

Authorized By: \_\_\_\_\_



360 Linden Oaks, Rochester, New York 14625  
Phone (585)899-2200 Fax (585) 899-2970

| FOR OFFICE USE ONLY                 |               |
|-------------------------------------|---------------|
| <input type="checkbox"/>            | New           |
| <input type="checkbox"/>            | Renewal       |
| <input type="checkbox"/>            | Lead          |
| <input type="checkbox"/>            | Regional Sale |
| <input checked="" type="checkbox"/> | Local Sale    |

Screenvision Direct Representative: MARILYN SCHROEDER Date: 3/3/2011

**INSERTION ORDER**

**HIDALGO COUNTY HEALTH AND HUMAN SERVICES**

|  |                         |
|--|-------------------------|
| Legal Name (Advertiser)  | Bill to                 |
| <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Government <input type="checkbox"/> Other | Federal Tax ID/SS No.   |
| 1304 S. 25TH AVENUE  | Street Address          |
| EDINBURG, TX 78539   | City, State, Zip Code   |
| 956-318-2426 X274 956-318-2431   | Phone Number Fax Number |
| Phone Number Fax Number  | Phone Number Fax Number |
| NANCY.TREVINO@HCHD.ORG   | Email Address           |
| Email Address  | Email Address           |

The Advertiser hereby agrees to purchase the cinema advertising described on the Campaign Display Schedule below and authorizes Screenvision Direct, Inc. ("SVD") to produce the media content for any Slides that are used as part of this Campaign. SVD will be responsible for the exhibition of the advertising materials purchased herein.

NAME ON VISUAL: INFLUENZA

Preferred Start Date (subject to availability): 4/8/2011

**PAYMENT METHOD**

|                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> CC/ACH | <input checked="" type="checkbox"/> Check |
| <input type="checkbox"/> PO     | <input type="checkbox"/> Co-op Funds      |

| Theatre Code | Theatre Name     | No. Screens | Format | Product | Duration | Show Pos. | Frequency | * Net Weekly Rate |
|--------------|------------------|-------------|--------|---------|----------|-----------|-----------|-------------------|
| 8585         | CARMIKE EDINBURG | 17          | D      | AV      | .30      | EPS       | 1         | \$487             |
|              |                  |             |        |         |          |           | 1         |                   |
|              |                  |             |        |         |          |           |           |                   |
|              |                  |             |        |         |          |           |           |                   |

|  |
|--|
| Net Total Media Cost: \$7792   |
| No. of Weeks: 16   |
| PRODUCTION / HANDLING COSTS (See Box Below): to be billed separately |
| TAX \$   |
| TOTAL Net ("Agreed Sum"): \$8242                                     |
| Deposit Paid on Signing: \$2060.50                                   |

Format Codes: S = Static A = Animation AA = Animation with Audio AV = Audio Video Spot  
 Promotion Codes: SDE = Standee P = Poster CC = Counter Cards SP = Special/Other  
 Position/Show Codes: EPS = Early Pre-Show LPS = Late Pre-Show

| PRODUCTION / HANDLING COSTS |                                    |
|-----------------------------|------------------------------------|
| New Creates:                | <input type="checkbox"/> @ \$ each |
| Supplied Ad:                | 1 @ \$ 450 each                    |
| Versions:                   | <input type="checkbox"/> @ \$ each |
| Voiceover Charge:           | <input type="checkbox"/> @ \$ each |
| Other:                      | <input type="checkbox"/> @ \$ each |

(\* ) The rate is adjusted to reflect a delivery of at least 90% of the advertising described in the table above. Shortfalls may occur due to routine maintenance, projector lamp replacement, screen upgrades, or other events. Makegoods will be provided for any delivery that is less than 90%.

The Exhibition of Advertiser's Campaign is subject to pre-emption and may be moved at SVD's discretion to a different location in the loop or different time period. (initial)

Co-Op Funds: To the extent that Advertiser elects to use 3rd party Co-Op funds to purchase advertising hereunder, Advertiser shall be solely responsible for obtaining all necessary approvals and completing all paperwork in connection therewith. Notwithstanding any intent of Advertiser to use 3rd party Co-Op funds, Advertiser is solely responsible to SVD for the payment to SVD of the Agreed Sum.

**TERMS AND CONDITIONS**

This Agreement consists of this Insertion Order and the Screenvision Direct Insertion Order Terms and Conditions ("Terms and Conditions"). A copy of the Terms and Conditions is located at [www.screenvision.com/svdirect/localtermsandconditions-v1-10.pdf](http://www.screenvision.com/svdirect/localtermsandconditions-v1-10.pdf). A hard copy will be provided to you upon request. The Terms and Conditions are incorporated herein by reference, and are hereby made a part of this Agreement. This Agreement is subject to New York State law. Advertiser hereby acknowledges that he/she has had an opportunity to review this Agreement, including the Terms and Conditions, prior to signing this Insertion Order, and agrees to and intends to be bound by the Terms and Conditions. Further, Signatory hereby warrants that he/she is duly authorized to enter into this Agreement on behalf of the Advertiser.

X \_\_\_\_\_ X \_\_\_\_\_  
 Authorized Signatory Print Name & Title of Signatory Date

Reg# 191640