



FAX TO 703-854-2130 NO LESS THAN 19 DAYS PRIOR TO THE ISSUE DATE TO BE AFFECTED.

Call the Newspaper Relations Department with questions: 703-854-3933

NEWSPAPER REQUEST FOR USA WEEKEND PRINT ORDER CHANGE

Fill in the information below completely and clearly to prevent delays in processing.

Newspaper Name: _____

City, ST: _____

Phone Number: _____

Fax Number: _____

Email: _____

Date submitted: _____

Confirmation of this print order change will be emailed or faxed to you.

EFFECTIVE ISSUE DATE: _____

NEW PRINT ORDER: _____

This print order will remain in effect until your newspaper changes it by sending in a new print order to replace it.

Authorized Name

Title

Authorized Signature and Date

For USA WEEKEND confirmation use only:

Effective issue date: _____ Allowable copies per contract: _____

Newspaper Code: _____ Seasonal: _____

Newspaper ID: _____ Excess copies: _____

Confirmed by: _____ Estimated excess copy charges: _____