

## Featured Slot Booking Form

PLEASE COMPLETE AND FAX BACK TO 086 669-3051 OR EMAIL TO MICHELLE@WINE.CO.ZA

CLIENT DETA	AILS					
Company Na	me:					
Company VA	T Number:					
Winery / Brand	d Name:					
Address:						
Phone:			Fc	ax:		
eMail:						
Contact Person:			Em	nail:		
Billing Postal Address:						
Accounts Cor	ntact Person:					
Accounts Phone:			Em	nail:		
FEATURED S	LOT DETAILS	Discounts app	oly to bookings	of 2 or more fee	atured slots	5.
			1 week		2+ weeks	
News			R 1 500/week		R 1 300/week	
	eep, Do, Persona er, Classifieds com	m, Video,	R 500/week		R 400/week	
Please tick (	) the relevant slot	below.		1		
Slot Type:	News	Event				
Slot Name:						
No. of weeks	to publish:					
WEEK 1:	Start Date:			End Date:		
WEEK 2:	Start Date:			End Date:		
WEEK 3:	Start Date:			End Date:		
WEEK 4:	Start Date:			End Date:		
			E 1.141	TOTAL 00	_	
			Excl. VA	TOTAL COS	ST	
NAME:		_ SIGI	NED:			
DESIGNATION	:		_ DAT	E SIGNED:		