

**DAIRY QUEEN OPERATORS' ASSOCIATION, INC.**

**BOTTOM LINE AD FORM**

**Date of submission:** \_\_\_\_\_

**Name** (of person placing the ad): \_\_\_\_\_

**Billing Address** (billed post-printing): \_\_\_\_\_  
Street City State Zip

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Store Number:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**\*Member Rate:** \$6.00 per line, must be paid in U.S. Funds

**\*Non-Member Rate:** \$10.00 per line, must be paid in U.S. Funds

\*Based on final print

Please print below how you would like the ad to read. Remember, this is a national magazine – you will want to include the city, state and your phone number in your ad.

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Please remit to: DQOA – Bottom Line Ads  
1719 Lake Drive West  
Chanhassen, MN 55317

or fax to: 952-556-5522