* * * (REQUIRED) * * *

ALL ABC MEMBERS MUST COMPLETE THIS FORM

(USE THIS FORM TO SIGN YOUR PUBLISHER'S STATEMENT)

PUBLISHER'S STATEMENT CERTIFICATION AND CONTACT FORM

Publication Name _____

Member Number _____

PUBLISHER'S STATEMENT CERTIFICATION REQUIRED TO BE CERTIFIED BY THE PUBLISHER AND SENIOR CIRCULATION EXECUTIVE.

*We certify that to the best of our knowledge all data set forth in the **December 31, 2011** Publisher's Statement are true and report circulation in accordance with Audit Bureau of Circulations' Bylaws and Rules.*

Publisher	Senior Circulation Executive
Print Name: _____	**Print Name** _____
Print Title: _____	**Print Title** _____
E-Mail Address: _____	**E-Mail Address** _____
Signature _____	**Signature** _____
Date Signed _____	**Date Signed** _____

ORIGINAL SIGNATURES REQUIRED

PUBLISHER'S STATEMENT CONTACT INFORMATION

Please furnish name of person ABC may contact for questions or problems should they occur with your statement. Once completed, please Fax this form to ABC at 224-366-6949 or you can scan and upload by using the upload Certification link located on the main menu of our online filing tool.

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Attach business card here

Advertising Director _____ **E-mail Address** _____ **Telephone #** _____ **Fax #** _____

Street Address _____ **City** _____ **State/Province** _____ **Zip/FS** _____