



# 2008 CABLE NETWORK PROFILES

**THE LATEST  
COMPENDIUM  
OF AD-SUPPORTED  
CABLE NETWORK  
INFORMATION  
FEATURING  
MORE IN-DEPTH  
INFORMATION  
THAN EVER!**

## SIMPLIFIES YOUR PLANNING AND PRESENTATION EFFORTS

CAB's 2008 Cable Network Profiles provides you with in-depth summaries of virtually all the national ad-supported cable networks. It contains concise listings that allow you to quickly reference advertising information about each network and their abilities to target desired audiences. This year's handbook is the most in-depth edition ever published by CAB.

## FACILITATE YOUR PLANNING EFFORTS

Each listing in 2008 Cable Network Profiles includes valuable advertising information about each cable network:

- *Description of their programming*
- *The benefits of each network to advertisers*
- *Demographic skew of programming by daypart*
- *Programming highlights*
- *Network contacts*

## CABLE NETWORK PROFILE CD

The 2008 Cable Network Profiles CD allows you to search the entire contents of the publication by desired demographics, programming genres or keywords. Using the CD, you can quickly identify those ad-supported cable networks that reach your target audiences.

### 2008 Cable Network Profiles

**Profile Book - CAB Member Price:** \$60.00 each/**Non-Member Price:** \$90.00 each

**Profile CD - CAB Member Price:** \$50.00 each/**Non-Member Price:** \$80.00 each

Name \_\_\_\_\_

Company \_\_\_\_\_ (MSO)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) ( )

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Send To: \_\_\_\_\_



**Cabletelevision Advertising Bureau**  
830 Third Avenue, New York, NY 10022  
(212) 508-1200 or Fax to: (212) 832-3268

### Please Complete Below

<input type="radio"/> CAB Member	<input type="radio"/> Non-Member	Amount
# of Books _____	@ \$ _____ ea.=	\$ _____
# of CDs _____	@ \$ _____ ea.=	\$ _____

Shipping & Handling: 10% of above order \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

**(ADD APPLICABLE SALES TAX TO ABOVE  
SUB TOTAL IF LOCATED IN NEW YORK STATE)** \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Check Enclosed (Please make payable to CAB)

Visa  MasterCard  Amex

Account Number (PLEASE PRINT) \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_