

2012 Membership Directory Advertising Rate Card

The 2012 Central Florida Chapter ABC Membership Directory is a great way to increase your exposure to other members. ABC encourages members to hire other members for jobs, whenever possible. ABC's annual directory serves as an invaluable resource and is referenced throughout the year.

DEADLINES

Space Reservation:

January 28, 2012

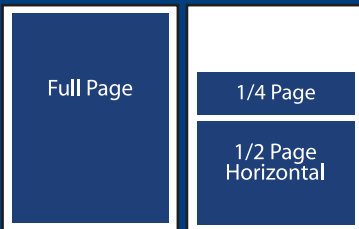
Materials Deadline:

March 9, 2012

Materials must be provided digitally in CMYK colors.

Acceptable formats, press optimized PDF, TIFF, EPS or JPG files must be at least 300 DPI (dots per inch).

AD SIZES



Ad Sizes (inches)	Width	Height
Tab Page	5.125	8
Full Page	5.125	8
1/2 Page	5.125	3.875
1/4 Page	5.125	1.875

Maximize Your Membership!



Advertising is available to members of ABC only. Please ensure that your membership is renewed and active prior to reserving advertising space. Fax completed form to: 407-629-0144.

For Advertising Information Contact: Becki Lewis at 407-628-2070 or blewis@abccentralflorida.org

DISPLAY ADVERTISING

Premium Placement:

Preferred placement is subject to 10% placement fee. Subject to availability.

Tab Pages—only 10 available, first come first served.

ADD YOUR LOGO!

You can now add your logo to your directory listing! Make it stand out and be found easily by including your logo above your company listing for only \$100.

Position	4-Color(CMYK)	B & W
<input type="checkbox"/> Inside Front Cover	<input type="checkbox"/> \$1200	N/A
<input type="checkbox"/> Inside Back Cover	<input type="checkbox"/> \$1200	N/A
<input type="checkbox"/> Back Cover	<input type="checkbox"/> \$1500	N/A
<input type="checkbox"/> Tab Page	<input type="checkbox"/> \$900	N/A
<input type="checkbox"/> Full Page	<input type="checkbox"/> \$700	<input type="checkbox"/> \$500
<input type="checkbox"/> Half Page	<input type="checkbox"/> \$500	<input type="checkbox"/> \$300
<input type="checkbox"/> Quarter Page	<input type="checkbox"/> \$375	<input type="checkbox"/> \$175

Today's Date: _____

Company: _____

Agency: _____ (if applicable)

Contact: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Method:

Check Invoice Me PO# _____

MC Visa American Express

Name on card: (Please Print) _____

Card Number: _____

Expiration Date: _____ Code: _____

(Amex - 4 digits on front, MC/VISA 3 digits on back)

Billing Address _____

(If different from above)

City: _____ State: _____ Zip: _____

Ad Size _____

- Color
 Black & White

Cost _____

- We will provide a camera ready ad.

- Please design my ad for \$100

- Add my logo for \$100

Subtotal= \$ _____

Premium Placement Fee (10% of total) _____ (Please call to reserve premium placement)

Total Due \$ _____