ADVERTISING CONTRACT FORM (2019)

Advertiser: _________________________
Address: _________________________
City & State: _________________________
Contact Name: _________________________
Phone: _________________________
Email: _________________________

**ADVERTISEMENT SIZE:**

- Full Page (8.5” x 11”) color insert  
  __________ months @ $450/issue =

- Full Page (7.5”W x 9.75”H)  
  __________ months @ $330/issue =

- Half page (7.5”W x 4.75”H)  
  __________ months @ $200/issue =

- Quarter Page (3.625”W x 4.75”H)  
  __________ months @ $125/issue =

- Business Card (3.625”W x 2.25”H)  
  __________ months @ $65/issue =

**SUBTOTAL**  
$ ___________________________

**DISCOUNT*** ($ ___________________________)

**AMT. DUE**  
$ ___________________________

*Discount schedule: 25% for 4 issues; 20% for 3 issues; 15% for 2 issues.

*Please note: SEAOI Affiliate Sponsors receive a half-page (Gold) or business-card (Silver or Bronze) ad as part of their annual sponsorship.

**IN WHICH ISSUE(S) SHOULD THE AD APPEAR:**

- [ ] January
- [ ] April
- [ ] July
- [ ] October

*(continued on next page)*
NOTES TO ADVERTISERS:

1. Advertiser to provide digital graphic / logo in jpg or tiff format with a minimum resolution of 300 dpi for images, 600 dpi for images with text. Text-only advertisements may be submitted as a Microsoft Word document.

2. For inserts, Advertiser must provide all insert copies to Vigil Printing (4415 W. Lawrence, Chicago, IL 60630) by the 18th of the month prior to publication. A print-quality PDF of the ad must also be emailed to scrain@seaoi.org.

3. SEAOI reserves the right not to run advertisements in the SEAOI Bulletin at its own discretion. Should SEAOI decide not to run a particular ad, the fee will be refunded to the advertiser.

4. Rate changes will not apply to existing contract agreements for the term of the contract.

PAYMENT INFORMATION

☐ Please charge my credit card.

Card #: ____________________________
Expiration: ____________________________
CSC (3 digits on back, for AmEx, 4 digits on front): ________________
Name on Card: ____________________________
Billing Address Zip Code: ____________________________

☐ I am mailing check # ______________ dated ____________ to SEAOI office.

☐ Please send me an invoice.