SEAOI Bulletin
ADVERTISING CONTRACT FORM (2017)

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

ADVERTISEMENT SIZE:

<table>
<thead>
<tr>
<th>Advertisement Size</th>
<th>Months</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Page (8.5” x 11”) color insert</td>
<td></td>
<td>$450/month</td>
<td></td>
</tr>
<tr>
<td>Full Page (7.5”W x 9.75”H)</td>
<td></td>
<td>$330/month</td>
<td></td>
</tr>
<tr>
<td>Half page (7.5”W x 4.75”H)</td>
<td></td>
<td>$200/month</td>
<td></td>
</tr>
<tr>
<td>Quarter Page (3.625”W x 4.75”H)</td>
<td></td>
<td>$125/month</td>
<td></td>
</tr>
<tr>
<td>Business Card (3.625”W x 2.25”H)</td>
<td></td>
<td>$65/month</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ __________________________

DISCOUNT* ($ __________________________)

AMT. DUE $ __________________________

*Discount schedule: 25% for 11 issues; 20% for 6 issues; 15% for 3 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
- February
- March
- April
- May
- June
- July/August
- September
- October
- November
- December

(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.