# ADVERTISING Agreement



January 9th, 2017 April 3<sup>rd</sup>, 2017

August 7<sup>th</sup>, 2017 November 6<sup>th</sup>, 2017

)

ZIP

AGREEMENT DEADLINES

WINTER

SPRING

FALL

OFFICE (

FAX (

SUMMER

)

#### **COMPANY INFORMATION**

COMPANY

CONTACT PERSON

MAILING ADDRESS

STATE

\*\*E-MAIL

TOWN/CITY

## **ADVERTISING OPTIONS**

Indicate the advertising size and circle the desired duration(s). The cost indicated is per run and is due in full. Advertisement may be produced for the company at an additional one time design fee of 30% of the ad size price. Acceptable ad formats consist of .jpeg, .tiff, .pdf, .png, .psd, and .doc(x). Resolution must be minimum 300 dpi.							RUN QTY	TOTAL VALUE	
DOUBLE PAGE	(11″X17″)	\$800	WINTER	SPRING	SUMMER	FALL	ALL		
FULL PAGE	(8.5″ X 11″)	\$400	WINTER	SPRING	SUMMER	FALL	ALL		
HALF PAGE	(8.5″ X 5.5″)	\$200	WINTER	SPRING	SUMMER	FALL	ALL		
QUARTER PAGE	(4.25" X 5.5")	\$100	WINTER	SPRING	SUMMER	FALL	ALL		
ADVERTISEMENT DESIGN FEE ( 30% OF AD SIZE ) Checking this box indicates a design for ad is requested. Please see 'Desgn Criteria' below.									
**Ad proofs will be e-mailed no later than seven days prior to print date. Once reviewed, please indicate any changes or state your approval in a reply e-mail.								RUNS	\$

DESIGN CRITERIA: State in descriptive format the focus of the ad desired (product, service, location, etc.) as well as any key phrases or specific audience. Be sure to include a company website address as well as any additional or preferred contact information if not listed above.

FOCUS

KEY PHRASE

THEME/SPECIFIC AUDIENCE

WEBSITE ADDRESS

PREFERRED CONTACT

SUBMITTAL: Images to be included in ad can be e-mailed or mailed on a cd, dvd, or flash drive. Note: Mailed items will not be returned and will entail a longer transit time so please be sure to mail items as quickly as possible as the design will suffer company images if not received at least fourteen days prior to print date.

Refund Policy: Written notification required no

Cardholder name (as appears on card) \_\_\_\_\_

\_\_\_\_/\_\_\_

### PAYMENT INFORMATION

Please mail form with payment to:

#### VWWA P.O. Box 1170 Powhatan, VA 23139

Note: Payments to VWWA are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible as ordinary and necessary business expenses excluding \$15 for company memberships and \$5 for individual memberships which is allocated towards non-deductible VWWA lobbying activity (VWWA Well PAC).

ti o n 0 e s VWWA Office (804) 387-8395 Fax (804) 302-7978 info@vawaterwellassociation.org

Credit Card VISA MasterCard

later than proof date for a refund less a \$36.00 fee. Total Payment \$

#### Signature:

Card #

Check #

Please make checks payable to VWWA - return check fee \$36.

H:NewVolume/BeyondBoundsLLC/VWWA/OriginalForms/AdvertisingNewsletterAgreement.pdf | 2017

EXPRES

\_\_\_\_\_/ Exp Date: \_\_\_\_\_/

Company Card?