

AGREEMENT DEADLINES	
WINTER	January 9 th , 2018
SPRING	April 2 nd , 2018
SUMMER	August 6 th , 2018
FALL	November 5 th , 2018

COMPANY INFORMATION

COMPANY _____

CONTACT PERSON _____ OFFICE () _____

MAILING ADDRESS _____ FAX () _____

TOWN/CITY _____ STATE _____ ZIP _____

**E-MAIL _____

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
<input type="checkbox"/> DOUBLE PAGE	(11" X 17")	\$800	WINTER	SPRING	SUMMER	FALL	ALL			
<input type="checkbox"/> FULL PAGE	(8.5" X 11")	\$400	WINTER	SPRING	SUMMER	FALL	ALL			
<input type="checkbox"/> HALF PAGE	(8.5" X 5.5")	\$200	WINTER	SPRING	SUMMER	FALL	ALL			
<input type="checkbox"/> QUARTER PAGE	(4.25" X 5.5")	\$100	WINTER	SPRING	SUMMER	FALL	ALL			
<input type="checkbox"/> 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.

Total(s) 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.

PAYMENT INFORMATION

Please mail form with payment to:

VWVA
P.O. Box 1170
Powhatan, VA 23139

Note: Payments to VWVA 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 VWVA lobbying activity (VWVA Well PAC).

Refund Policy: Written notification required no later than proof date for a refund less a \$36.00 fee.

Total Payment \$

Check #

Credit Card Company Card?

Cardholder name (as appears on card) _____

Card # _____ / _____ / _____ Exp Date: _____ / _____

Signature: _____

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

Q u e s t i o n s ?
 VWVA Office (804) 387-8395 Fax (804) 302-7978
 info@vawaterwellassociation.org