

APPLICATION for Beacon Advertising



BEACON AD RATES

AD SIZE (Please select Ad type)	Member Price (per issue)	Non-Member Price (per issue)	Please check:
Full page—8" x 10" black & white	\$525	\$625	<input type="checkbox"/> All Issues (SAVE 10%)
Half page—horizontal 8" x 5" black & white . . .	\$375	\$475	<input type="checkbox"/> Winter Issue Ad needed by 1/10/20
Half page—vertical 4" x 10" black & white	\$375	\$475	<input type="checkbox"/> Spring Issue Ad needed by 3/27/20
Quarter page—3.5" x 4.5" black & white	\$300	\$400	<input type="checkbox"/> Summer Issue Ad needed by 6/26/20
Business card—3.5" x 2" black & white	\$225	\$325	<input type="checkbox"/> Fall Issue Ad needed by 9/4/20
Full Color Ad	\$175 addl.	\$275 addl.	

ORDER FORM

Cost Per Ad	Cost
<input type="checkbox"/> All 4 Issues @ \$_____ per issue (less 10%)	= \$ _____
<input type="checkbox"/> Single Issues @ \$_____ per issue	= \$ _____
<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
<input type="checkbox"/> Add Color x _____ issues	<input type="checkbox"/> \$175 Member x _____ issues = \$ _____
	<input type="checkbox"/> \$275 Non-Member x _____ = \$ _____
Total Amount of Beacon Due: = \$ _____	
Total Amount Due: \$ _____	

AGREEMENT: I have read this contract, and I agree to the information regarding advertising specifications for CAI Chesapeake Region Chapter Publications.

Contact Information

Contact: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Billing Information

Name (as it appears on card): _____ Company Name (if corporate card): _____

Card Billing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Card Number: _____ Exp. Date: _____ / _____ CVC: _____

Signature (required): _____

The above signed agrees to pay the charges according to the card issuer agreement.

Check Enclosed (Make payable to the Chesapeake Region Chapter, CAI) Visa Mastercard (we do not accept AMEX)

Send this form, corporate profile and payment to:
 Chesapeake Region Chapter, CAI
 8901 Herrmann Drive, Suite B Columbia, MD 21045
 Phone: 410-540-9831 • Email: contact@caimdches.org
 Fax: 410-431-1666

Send artwork to:
 contact@caimdches.org
 If the file is over 10MB, please email us for dropbox access.