

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Rates & Dimensions**

Ad Size	4-Color Rates	Black & White Rates	Dimensions
<input type="checkbox"/> Two-Page Spread	\$2,625	\$2,100	7.25" W x 10" H
<input type="checkbox"/> Full Page	\$1,600	\$1,300	7.25" W x 10" H
<input type="checkbox"/> 2/3 Page	\$1,200	\$950	4.625" x 10" H
<input type="checkbox"/> 1/2 Page	\$1,000	\$800	3.5" W x 10" H
<input type="checkbox"/> 1/3 Page	\$700	\$500	4.625" W x 4.875" H
<input type="checkbox"/> 1/4 Page	\$600	\$450	3.5" W x 4.875"
<input type="checkbox"/> Professional Listing	N/A	\$300	3.625" W x 2.875" H

Special Placement request. Please specify: \_\_\_\_\_

4-Color  2-Color (PMS Choice \_\_\_\_\_)

Ad material is enclosed.

Ad material will be sent no later than June 20, 2019 to Lindsay McNicholas at [lmcnicholas@arema.org](mailto:lmcnicholas@arema.org).

**Summary of Charges**

Page Rate (4-Color or B&W)	_____	<input type="checkbox"/> Invoice Me	<input type="checkbox"/> Check Enclosed, Check #
Special Placement (add 10%)	_____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
5% Pre-paid Discount	_____	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
(Payment must be enclosed)	_____	Account #	_____
Total	\$ _____	Expiration Date	_____
		Name On Card	_____
		Signature	_____

**Contact Information**

Please email this completed form to Lindsay McNicholas at [lmcnicholas@arema.org](mailto:lmcnicholas@arema.org).  
Call with questions at +1.301.459.3200 ext. 705.