

"CONDO CONTACT" QUARTERLY NEWSLETTER

Advertising Agreement

Your Name: _____ Date: _____
 Company Name: _____
 Company Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel No: () _____ Fax: () _____
 Email: _____

Advertising Distribution

	1 ISSUE ONLY		4 ISSUES	TOTAL	ADVERTISING MATERIAL: Artwork is to be provided in order of preference: Electronic file in PDF format (Adobe Acrobat distilled "FOR PRESS" files). Disable any colour management settings and embed all fonts
	Members	Non- Member	Members only		
Inside Front Cover Full page, Full colour	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750	<input type="checkbox"/> \$2,040		
Outside Back Cover Full page, Full colour	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750	<input type="checkbox"/> \$2,040		
Inside Back Cover Full page, Full colour	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750	<input type="checkbox"/> \$2,040		
Business Card (Full colour)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$275		
¼ Page (Full colour)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$200	<input type="checkbox"/> \$545		
½ Page (Full colour)	<input type="checkbox"/> \$320	<input type="checkbox"/> \$400	<input type="checkbox"/> \$1,085		
Full Page (Full colour)	<input type="checkbox"/> \$480	<input type="checkbox"/> \$600	<input type="checkbox"/> \$1,630		
Inserts	<input type="checkbox"/> \$600	<input type="checkbox"/> \$750			
HST (13%) 899667364			HST	\$	
			Total	\$	

Artwork Deadlines

Spring: April 1st.....April/May
 Summer: July 1st.....July/Aug
 Fall: October 1st.....October/Nov
 Winter: January 1st.....January/Feb

Standard AD Sizes

Full page: 7" horizontal x 9 ½" vertical
 ½ page vertical: 3 ½" horizontal x 9 ½" vertical
 ¼ page: 3 ½" horizontal x 4 ¾" vertical
 ½ page horizontal: 7" horizontal x 4 ¾" vertical

Distribution

Authorized Signature:

Artwork Enclosed? Yes No
 Use Previous AD Yes No

Start Issue: _____ End Issue: _____
 (Indicate "Spring, Summer, Fall or Winter" issue)

Payment Details

Check enclosed
 Credit card: Visa MasterCard
 Card #: _____ Expiry date: _____
 Name on Card: _____

Personnel: Julie Klotz

Canadian Condominium Institute, Eastern Ontario Chapter

Return this form with payment and camera ready advertising material to: **CCI- Eastern Ontario**
 P.O. Box 32001, Richmond Rd. Ottawa, ON K2B1A1

