



# ADVERTISING AGREEMENT

COMPANY NAME		
CONTACT NAME		
ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	FAX
E-MAIL ADDRESS		
WEBSITE ADDRESS		

I have read, understand and agree to the separate advertising specifications and rate sheets. I agree to submit appropriately formatted ad materials via E-mail to [info@cscrcchamber.com](mailto:info@cscrcchamber.com) or [gulie@cscrcchamber.com](mailto:gulie@cscrcchamber.com).

I understand that the payment in full must be received by the Chamber prior to publishing my ad. If payment is not received by the publications deadline, my ad will not be included in the publication.

I understand that the Chamber is not responsible for errors in ads that are not prepared by the Chamber.

I understand that I will be billed at the current rate of \$50/hour, in addition the price of my ad, for graphic design work that is required to bring my ad to the up to the required specifications for the publication.

The Chamber reserves the right to reject any ad for content, poor quality or improper formatting.

Signature
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- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> BACK PAGE/FULL PAGE<br>(8.125" x 10.625") | <input type="checkbox"/> INSIDE FRONT COVER<br>(8.125" x 10.625") | <input type="checkbox"/> INSIDE BACK COVER<br>(8.125" x 10.625") | <input type="checkbox"/> PAGE 3<br>(8.125" x 10.625) |
| <input type="checkbox"/> ½ PAGE VERTICAL<br>(4" x 10.625")         | <input type="checkbox"/> ½ PAGE HORIZONTAL<br>(8.125" x 5.25")    | <input type="checkbox"/> ¼ PAGE<br>(4" x 5.25")                  | <input type="checkbox"/> 1/8 PAGE<br>(5.25" x 2")    |

## YOUR AD INFORMATION

AD SIZE	POSITION FOR SPECIALTY PAGES	RATE
NOTES	TOTAL AD COST	

## PAYMENT INFORMATION

- CREDIT CARD (ALL CREDIT CARDS)       CHECK ATTACHED

CREDIT CARD NUMBER	AMEX_____MASTERCARD_____VISA_____DISCOVER_____
COMPLETE BILLING ADDRESS	EXPIRATION DATE_____SECURITY CODE_____
SIGNATURE	NAME ON CREDIT CARD