





# E-Newsletter & Website Advertising Contract

**Method of Payment:**

**TOTAL:** \$ \_\_\_\_\_

Cheque/Cash (must be included with contract)  Invoice  
 Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

**SPECIAL DETAILS:**

- The Chamber is not responsible for searching for or sourcing content. All advertising content (including social media posts), must be emailed to [communications@medicinehatchchamber.com](mailto:communications@medicinehatchchamber.com)
- Content must include an image, link, and written content (if applicable)
- All content will be reviewed before payment of contract and publishing. If content is not suitable for public viewing or is not aligned with the values *The Medicine Hat & District Chamber of Commerce*, the publication will not be accepted.
- One advertisement type per business per month, however multiple types can be ran simultaneously
- To ensure advertiser exclusivity only one of each advertisement type will run each week

**CONTENT SPECS:**

- **Banner Specs:** 707px X 120px. PNG image to be supplied by the advertiser. Please provide website/email to link to image.
- **Advertorial/Article Specs:** Provide content for Advertorial. Write up of 250 words or less, website link, logo, and ad photo.
- **Event Listing Specs:** Provide image, date & time, link to registration or website, small description of the event up to 250 words or less.
- **Social Media:** Please provide post content beforehand for review, tag and notify *The Chamber* when content has been posted.

**AGREEMENT:**

*Acceptance of this contract constitutes a legally binding agreement for the purpose of advertising space for the selected period(s). The purchase is non-refundable and non-transferable. It is the responsibility of the purchaser to provide the Chamber with completed artwork (banner advertisement) that meets the specifications and deadlines outlined. **Payment must be made in full prior to the scheduled run date(s).***

\_\_\_\_\_  
Authorized Purchaser Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chamber Authorizer Signature

\_\_\_\_\_  
Date

**Send Completed Forms and Content To:**

**Medicine Hat & District Chamber of Commerce**  
413 6th Avenue SE  
Medicine Hat, Alberta T1A 2S7

**Phone:** (403)527-5214 Ext. 225  
**Fax:** (403)527-5182  
**Email:** [communications@medicinehatchchamber.com](mailto:communications@medicinehatchchamber.com)  
**Website:** [www.medicinehatchchamber.com](http://www.medicinehatchchamber.com)