

WAKE BAR FLYER ADVERTISING CONTRACT/ 2009

Please complete this form and return it with your ad.

Check One:

<input type="checkbox"/>	<u>Ad Size</u>	<u>Month</u>	<u>Half-Year</u>	<u>Annual</u>	<u>Special Placement Annual</u>	
<input type="checkbox"/>	1/4 Page	\$150	\$825	\$1500	\$1725	\$1875
<input type="checkbox"/>	1/2 Page	\$300	\$1650	\$3000	\$3450	\$3750
<input type="checkbox"/>	Full Page	\$500	\$2750	\$5000	\$5750	\$6250
					(Inside Cover)	(Back Page)

<input type="checkbox"/>	<u>Classified</u>	<u>WCBA Member</u>	<u>Non-Member</u>
<input type="checkbox"/>	1-50 words	\$25	\$50
<input type="checkbox"/>	51-100 words	\$35	\$60

Check Desired Issue(s):

<input type="checkbox"/>	<u>Issue</u>	<u>Closing Date</u>	<input type="checkbox"/>	<u>Issue</u>	<u>Closing Date</u>
<input type="checkbox"/>	Jan 09	12/19/08	<input type="checkbox"/>	July 09	6/16/09
<input type="checkbox"/>	Feb 09	1/13/09	<input type="checkbox"/>	Aug 09	7/14/09
<input type="checkbox"/>	Mar 09	2/10/09	<input type="checkbox"/>	Sept 09	8/18/09
<input type="checkbox"/>	Apr 09	3/17/09	<input type="checkbox"/>	Oct 09	9/15/09
<input type="checkbox"/>	May 09	4/14/09	<input type="checkbox"/>	Nov 09	10/69/09
<input type="checkbox"/>	June 09	5/19/09	<input type="checkbox"/>	Dec 09	11/10/09

Read & Sign:

Terms: In order to qualify for the Half-Year or Annual rates, the purchaser **must pay in advance** (non refundable). The Half-Year rate allows a purchaser to advertise in any six of the next twelve issues at a reduced price. The Annual rate allows a purchaser to advertise in each issue of the year with a substantial savings. (Discount rates are not available for Classified Ads.) Special placement options are available for Annual Contracts only, on a first come basis. All information to be published is subject to editorial review. Materials should be submitted on or before the closing date as indicated for that issue.

_____ advertiser agrees to the above terms.
(Organization Name)

Mailing Address: _____

Telephone: _____ Fax Number _____

Signature: _____ Title _____ Date _____

Please charge my: Visa Mastercard American Express

Card # _____ Expiration date: _____

Signature: _____

FOR OFFICE USE ONLY				
STATE BAR #	DATE:	CHECK#	AMOUNT	P F