



AD AGREEMENT
For the *BUSINESS FOCUS*
GREATER IRVING-LAS COLINAS CHAMBER OF COMMERCE

Company: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please Choose Ad Size and Run Length:

		Total
Full Page Advertisement 3-Month Ad (Contract discount applies)	1 or 2 Month(s) @ \$1550/Issue	\$ _____
	3+ Months @ \$1395/Issue	\$ _____
	Add color @ \$75/Issue	\$ _____
1/2 Page Advertisement 3-Month Ad (Contract discount applies) Back Page/Fold Ad (<i>includes color</i>)	1 or 2 Month(s) @ \$775/Issue	\$ _____
	3 + Months @ \$697.50/Issue	\$ _____
	1 or 2 Month(s) @ \$1000/Issue	\$ _____
	3 + Months @ \$900/Issue	\$ _____
	Add color @ \$75/Issue	\$ _____
1/4 Page Advertisement 3-Month Ad (Contract discount applies)	1 or 2 Month(s) @ \$387.50/Issue	\$ _____
	3 + Months @ \$348.76/Issue	\$ _____
	Add color @ \$75/Issue	\$ _____
1/8 Page Advertisement 3-Month Ad (Contract discount applies)	1 or 2 Month(s) @ \$193.50/Issue	\$ _____
	3 + Months @ \$174/Issue	\$ _____
	Add color @ \$60/Issue	\$ _____

Design Fee (*Ad will only run once approved by company rep. All changes made to ads are subject to hourly design charge. Please inquire for further details*) **\$125 / hour** \$ _____

Please Indicate Payment Information: **TOTAL:** \$ _____

_____ *Credit Card: Type:* _____
MC / AMEX / VISA / DISC

CC# _____ *Exp:* _____ *CC Security Code:* _____
Security Code is a 3-digit # located on the back of MC / DISC / VISA card. 4-digit code for AMEX, located on the front of the card.

Agreement: (*Please Note: Prices listed are for Chamber members only; call for non-member pricing.*)
 Any advertisements not meeting specifications (*see spec. sheet*), runs the risk of printing blurry, with jagged edges, distorted or otherwise improperly to the customers satisfaction. Please take every precaution to ensure the clarity of your advertisement. The Greater Irving—Las Colinas Chamber of Commerce is not responsible for ads that are submitted improperly.

 Signature Date

FAX CONTRACT TO 214.389.2513 or E-MAIL TO SCALLAWAY@IRVINGCHAMBER.COM

 Chamber Representative Signature Date Member #: