

ADVERTISING REQUEST Application

Business Name: _____

Contact: _____ Title: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone(2): _____ Fax: _____

E-Mail: _____ Website: www. _____

Ad Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> Business Card/Impact | <input type="checkbox"/> Insert Ad/Impact | <input type="checkbox"/> 1/4 Page/Impact |
| <input type="checkbox"/> Online Coupon | <input type="checkbox"/> Homepage Ad/Web | <input type="checkbox"/> Chamber GEAR |
| <input type="checkbox"/> Event Sponsor _____ | <input type="checkbox"/> Other | |
- Event Name

Fee Schedule:

B/C Ad - \$45/mo • \$115/3 mos • \$225/6 mos **Insert** - \$99/mo • \$265/3 mos • \$535/6 mos

1/4 Page - \$75/mo • \$220/3 mos • \$425/6 mos **Home Page** - \$50/mo

Online Coupon* - \$30/3 mos • \$55/6 mo • \$80/ 9 mos • \$105/12 mos

Event Sponsor - \$500/Full • \$250/Half **Chamber GEAR*** - Call for Details

*Call Chamber Office for additional details

Payment Information: Cash Check Visa MasterCard

Credit Card Number: _____ Expiration Date: _____

Signature: _____