



Advertising Agreement

Find Ad Specs
and Deadlines Online:
ncfr.org/advertise

ADVERTISER INFORMATION

Provide your organization name as you would like it listed in any written acknowledgements. Submit this completed and signed form by email, FAX, or mail (see bottom).

Organization Name _____
 Authorizing Officer's Name _____
 Address _____
 City _____ State/Prov _____ Zip Code _____
 Email _____ Day Phone _____

Choose Your Advertising Options

NCFR Report magazine — Check box based on **ad size** and **number of issues**

Ad Size	Dimensions (Inches)	1x	2x	3x	4x
Full Page	8.75"w x 11.25"h	___\$625	___\$585 per	___\$545 per	___\$510 per
Half Page	7.25"w x 4.5"h	___\$465	___\$430 per	___\$400 per	___\$375 per
Quarter Page	3.5"w x 4.5"h	___\$350	___\$325 per	___\$300 per	___\$280 per

CFL Network newsletter — Check box based on **ad size** and **number of issues**

Ad Size	Dimensions (Inches)	1x	2x	3x	4x
Full Page	8.75"w x 11.25"h	___\$265	___\$245 per	___\$230 per	___\$215 per
Half Page	7.25"w x 4.5"h	___\$200	___\$185 per	___\$170 per	___\$155 per
Quarter Page	3.5"w x 4.5"h	___\$150	___\$140 per	___\$130 per	___\$120 per

ADDITIONAL CONTACT if needed (artwork, billing)

Name & Role _____
 Address _____
 City _____ State/Prov _____ Zip Code _____
 Email _____ Day Phone _____

ORDER SUMMARY + PAYMENT

Ad Base Rate \$ _____
 x Number of Issues _____
 =TOTAL \$ _____

Payment Information

___ **Check** enclosed (payable to NCFR)
 ___ **Invoice** me (PO # if applicable _____)
 ___ **Credit Card** (Postage mail only. Email info@ncfr.org to arrange payment over the phone with NCFR staff. Do not email your credit card info)
 Card Number _____
 Expiration Date _____ Card Security Code _____
 Name on Card _____
 Billing Address _____
 City/State/Zip _____
 Signature for Card _____

Please sign and date below to confirm your order and agree to fulfill payment for the items you have ordered.

SIGNATURE:

PRINT SIGNER'S NAME:

DATE:

Submit your agreement form by email, or mail:

Email: tripsullivan@ncfr.org Mail: NCFR
 Do not email your credit card information. Contact us to arrange payment by phone. 661 LaSalle Street, Suite 200
 Saint Paul, MN 55114

Questions? Call NCFR toll free at 888-781-9331