

The Illinois Shooter

2014 – 2015 Advertising Contract

Advertiser:

Contact Name: _____ Title: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail: _____

Signature: _____

Contract Period: _____

Display Ad Rates: (check off ad size and circle rate) Frequency

	<u>Black-and-White</u>	<u>1-Time</u>	<u>2-Time</u>	<u>3-Time</u>	<u>4-Time</u>
<input type="checkbox"/> Inside Front Cover		\$905	\$850	\$785	\$730
<input type="checkbox"/> Inside Back Cover		\$850	\$785	\$730	\$665
<input type="checkbox"/> Center Spread		\$1,275	\$1,180	\$1,090	\$995
<input type="checkbox"/> Full-Page		\$695	\$635	\$570	\$520
<input type="checkbox"/> 1/2-Page		\$520	\$450	\$400	\$330
<input type="checkbox"/> 1/4-Page		\$330	\$305	\$290	\$245
<input type="checkbox"/> 1/8-Page		\$180	\$165	\$150	\$120
<input type="checkbox"/> 1/16-Page		\$100	\$ 90	\$ 80	\$ 70

Full Color—\$250 per ad and \$450 for Center Spread

(Ad Rate \$ _____ + Color \$ _____) x Frequency ____ = \$ _____

Classified ad rates are available on request

Payment: Make Check payable to **Publishing Management Associates**

Credit Card—

VISA MasterCard Discover American Express

Card Number _____ - _____ - _____ - _____ Expiration Date ____/____

Signature _____

If you need assistance in completing this form or additional information, contact 815-484-5281 or email shooterads@isra.org.

Please send this completed form along with your payment (first-time advertisers) to:

The Illinois State Rifle Association
P.O. Box 8050 • Rockford, IL 61126