The Illinois Shooter

2015 Advertising Contract

Advertiser:	
Contact Name:	

Contact Name:	Ti	tle:	
Name of Business:			
Address:			
City:			
Phone #:	Fax #:		
E-mail:			
Signature:			_
Contract Period:			

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

Black-and-White	1-Time	<u>2-Time</u>	<u>3-Time</u>	<u>4-Time</u>
Back Cover	\$1,144	\$1,087	\$1,030	\$972
Inside Front Cover	\$996	\$946	\$896	\$846
Inside Back Cover	\$935	\$888	\$841	\$795
Center Spread	\$1,402	\$1,332	\$1,262	\$1,192
Full-Page	\$764	\$726	\$688	\$650
1/2-Page	\$572	\$543	\$515	\$486
1/4-Page	\$363	\$345	\$327	\$309
1/8-Page	\$198	\$188	\$178	\$168
1/16-Page	\$110	\$105	\$ 99	\$ 94

Full Color—\$325 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— for credit card payments please call our office at 815-484-5281 We accept: VISA/MasterCard/Discover/American Express

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