

ADVERTISING

2024 AGREEMENT

AGREEMENT DEADLINES

WINTER	January 5, 2024
SPRING	March 29, 2024
SUMMER	July 8, 2024
FALL	October 7, 2024

COMPANY INFORMATION

COMPANY _____

CONTACT PERSON _____ OFFICE () _____

MAILING ADDRESS _____ FAX () _____

TOWN/CITY _____ STATE _____ ZIP _____

**E-MAIL _____

ADVERTISING OPTIONS

Indicate the advertising size and circle the desired duration(s). The cost indicated is per run and is due in full. Advertisement may be produced for the company at an additional one time design fee of 30% of the ad size price. Acceptable ad formats consist of .jpeg, .tiff, .pdf, .png, .psd, and .doc(x). Resolution must be minimum 300 dpi.

									RUN QTY	TOTAL VALUE
<input type="checkbox"/>	BACK COVER	(8.5" X 11")	\$1,035	WINTER	SPRING	SUMMER	FALL	ALL		
<input type="checkbox"/>	FULL PAGE	INSIDE (8.5" X 11")	\$515	WINTER	SPRING	SUMMER	FALL	ALL		
<input type="checkbox"/>	HALF PAGE	(8.5" X 5.5")	\$286	WINTER	SPRING	SUMMER	FALL	ALL		
<input type="checkbox"/>	QUARTER PAGE	(4.25" X 5.5")	\$145	WINTER	SPRING	SUMMER	FALL	ALL		
<input type="checkbox"/>	ADVERTISEMENT DESIGN FEE (30% OF AD SIZE) Checking this box indicates a design for ad is requested. Please see 'DESIGN CRITERIA' below.									

DESIGN CRITERIA: State in descriptive format the focus of the ad desired (product, service, location, etc.) as well as any key phrases or specific audience. Be sure to include a company website address as well as any additional or preferred contact information if not listed above.

**Ad proofs will be emailed no later than seven days prior to deadline stated above. Once reviewed, please indicate any changes or state approval in a reply email.

Total(s) RUNS \$

FOCUS _____

KEY PHRASE _____

THEME/SPECIFIC AUDIENCE _____

WEBSITE ADDRESS _____

PREFERRED CONTACT _____

SUBMITTAL: Images to be included in ad can be e-mailed or mailed on a cd, dvd, or flash drive. Note: Mailed items will not be returned and will entail a longer transit time so please be sure to mail items as quickly as possible as the design will suffer company images if not received at least fourteen days prior to print date.

PAYMENT INFORMATION

Please mail form with payment to:

VVWA
P.O. Box 1170
Powhatan, VA 23139

Note: Payments to VVWA are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible as ordinary and necessary business expenses excluding \$15 for company memberships and \$5 for individual memberships which is allocated towards non-deductible VVWA lobbying activity (VVWA Well PAC).

Refund Policy: Written notification required no later than proof date for a refund less a \$36.00 fee.

Total Payment \$

Check #

Credit Card



Company Card?

Cardholder name (as appears on card) _____

Card # _____ CCV _____ Exp Date: _____ / _____

Signature: _____

Please make checks payable to VVWA - return check fee \$36.

Q u e s t i o n s ?
 VVWA Office (804) 387-8395 Fax (804) 302-7978
 info@vwaterwellassociation.org