

# EDAM 2011 Newsletter Advertising Contract



**Please Note:** *The Developer* is distributed electronically as an e-newsletter. Because of this, we need ads in electronic format. If you need help creating the ad, please contact Joe Flannigan at (651) 290-7497. All ads provide click-through access to the advertiser's Web site!

## Special Discount Option\*

- Purchase an EDAM directory ad or become a Web site sponsor and receive a 10% discount on the applicable newsletter ad rate! Contracts and payment for both ads must be received at the same time.

	Full Year (6 issues)	Half Year (3 issues)
<b>Quarter Page</b> Electronic: 400 px wide x 250 px high	<input type="checkbox"/> \$88 ea./\$525 yr. *Discount Rate: <input type="checkbox"/> \$79 ea./\$475 yr.	<input type="checkbox"/> \$98 ea./\$294 total *Discount Rate: <input type="checkbox"/> \$88 ea./\$263 total
<b>Business Card Page</b> Electronic: 250 px wide x 125 px high	<input type="checkbox"/> \$52 ea./\$309 yr. *Discount Rate: <input type="checkbox"/> \$46 ea./\$278 yr.	<input type="checkbox"/> \$62 ea./\$185 total *Discount Rate: <input type="checkbox"/> \$56 ea./\$167 total

Rate for design, if necessary: \$75/hour

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date you want ad to begin: \_\_\_\_\_

**Payment:**  Check enclosed, made payable to EDAM  VISA/MasterCard (all fields required)  
 Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit sec. code \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

Credit Card Billing Address: ( Same as Above) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Payment must be included to begin advertising.  
 Please send JPG or GIF files (EPS or TIF files are also acceptable) by e-mail to: [joeff@edam.org](mailto:joeff@edam.org)

**Return this form with payment to:**

EDAM • 1000 Westgate Drive, Suite 252 • St. Paul, MN 55114  
 Fax: (651) 290-2266 • Call (651) 290-6296 with any questions.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

*In accordance with PCI Credit Card Compliance, we can NOT accept this form via email. Please do not send credit card information via email. This form must be submitted by mail or fax only.*