



Crescenta Valley Chamber of Commerce

3131 Foothill Blvd., Suite D, La Crescenta, CA 91214

Ph: (818) 248-4957 • Fax (818) 248-9625 • Web: www.crescentavalleychamber.org

BUSINESS DIRECTORY 2015-16 – AD INSERTION ORDER

Co. Name: _____
 Co. Representative: _____
 Co. Address: _____ City: _____ Zip: _____
 Co. Phone: _____ Fax: _____
 E-Mail: _____ Website: _____

AD SIZE:	AD DIMENSIONS:	AD RATES: MEMBERS	NON-MEMBERS
<input type="checkbox"/> 1/8 Page	4 1/2" x 1"	\$150.00	\$175.00
<input type="checkbox"/> 1/4 Page	4 1/2" x 2 1/4"	\$225.00	\$265.00
<input type="checkbox"/> 1/2 Page	4 1/2" x 3 3/4"	\$395.00	\$465.00
<input type="checkbox"/> 1 Full Page	4 1/2" x 7 1/2"	\$655.00	\$755.00
<input type="checkbox"/> Inside Front Cover (full color)	5 1/2" x 8 1/2"	\$950.00	\$1050.00
<input type="checkbox"/> Inside Back Cover (full color)	5 1/2" x 8 1/2"	\$850.00	\$950.00
<input type="checkbox"/> Back Cover (full-color)	5 1/2" x 8 1/2"	\$1050.00	\$1150.00

Each Chamber member and advertiser receives one free listing under the category of their choice.
 List my company under: _____ (Example; Plumbing).

Additional Category Listings: (\$15.00 each category)
 List my company under these additional categories:

• _____ : _____
 • _____ : _____

Ad cost \$ _____ .00 plus Additional Category Listings \$ _____ .00 @ \$15.00 each = **TOTAL: \$ _____**

----- PAYMENT OPTIONS -----

CHECK ENCLOSED:

Pay to: **Crescenta Valley Chamber of Commerce**

CHARGE MY CREDIT CARD:

Check one: Visa MasterCard Debit Card

Card Number: _____ Exp. Date: _____

Card Name: (Please print) _____

Signature: _____ Billing Zip Code _____

BILL ME

Bill To: _____

Billing Address: _____

City: _____ Zip: _____

Contact Phone: _____

As an advertiser in the BUSINESS DIRECTORY I understand that I am responsible for the agreed costs.

Signed: _____ **Date:** _____