



California Landscape Contractors Association, Inc.

INLAND EMPIRE CHAPTER

c/o Mark Pedicone: Inland Empire Treasurer

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DAILY PLANT-IT 2018 INSERTION ORDER & CONTRACT

This quarterly magazine is available online only in digital format.

PLEASE FILL OUT AND MAIL IN WITH YOUR PAYMENT

DEADLINE for advertising materials and stories: 15th of the month prior to publication

COMPANY _____ Phone # _____

CONTACT _____ Fax # _____ E-mail _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

| <u>SIZE</u> | <u>1 x</u> | <u>1 Year 4x*</u> |
|---------------------------------|------------|-------------------|
| Business Card (3 5/8" w x 2" h) | \$100 | \$ 400 |
| 1/4 Page (3 5/8" w x 4 5/8" h) | \$200 | \$ 800 |
| 1/2 Page (7 1/2" w x 4 5/8" h) | \$300 | \$1,200** |
| Full Page (8 1/2" w x 11" h) | \$450 | \$1,800*** |

*ALL 4x advertising commitments include a listing in a "Directory to Advertisers" within the Chapter email communications. Listing includes your phone number and a link to your company website.

**Half-page advertising commitment (4x) includes banner ad placement on the front page of the Chapter website for six months. *Banner ads would be advertiser provided.*

***Full-page advertising commitment (4x) includes banner ad placement on the front page of the Chapter website for 12 months. *Banner ads would be advertiser provided.*

Call Bronwyn Miller at (949) 466-1222 with questions.

Technical Information: Supply ads in camera-ready artwork, CD or email in a TIFF, JPG or PDF format (300 dpi min.) formatted for either Mac or PC. Ads received outside of size requirements may be re-formatted or cropped to fit as required. Email artwork to Editor Bronwyn Miller at: eyescares@yahoo.com.

All ads must be prepaid unless otherwise arranged with Editor or Treasurer. Make out check to CLCA Inland Empire Chapter, and mail to Treasurer: Mark Pedicone, 634 Pine Ave., Brea, CA 92821

AD SIZE _____ FREQUENCY _____ COMMENCEMENT DATE _____

TOTAL PAYMENT: \$ _____

CK IS INCLUDED WITH THIS ORDER (CK# _____) BILL ME AT THE ABOVE ADDRESS

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____