CONTRACT FOR ADVERTISING SPACE CAROLINA CLEAN™



Meles a Co						
				Contact Per	son	
Mail	ing Address					
Phone		Fax		Email		
		PLEASE CIRCLE THE A	AMOUNT DUE FOR	THE ADVERTISING	SPACE DESIRED	
		Business Card Ad	1/4 Page Ad 3½ x 4½	1/2 Page Ad 3½ x 10	Full Page Ad 7½ x 10	Pre-printed Insert
	MEMBERS Per Issue	NA	\$250	\$350	450	\$350
	NON-MEMBERS Per Issue	NA	\$495	\$695	\$895	\$695
	MEMBERS 1 Issues	\$550	\$800	\$1100	\$1400	\$1300
	NON-MEMBERS I Issues	\$1095	\$1595	\$2195	\$2795	\$2595
TERMS AND CONDITIONS						
2. # 3. 1 k 4. # 6. 5. # 6. # 8. N 6. 9. F 10. F	liability for all content of advertisement printed, and also assume responsibility for any resulting claims made against the publisher. Advertisers and advertising agencies are jointly responsible for payment of all advertisements. The word "advertisement" shall be printed at the top of advertisements which, in the opinion of the publisher, might be confused with editorial pages. An advertiser who runs more than one advertisement in an issue(s) will have each unit counted as a separate ad in determining frequency discounts (with individual unit rates applying). All advertisements must be camera ready. Publisher is not responsible for errors in ad copy. All rates are based on camera-ready art. NCALC reserves the right to alter ads that are not formatted to the correct specs. Alterations, extra camera work, design, layout, and typesetting will be charged extra. Any revisions, special handling of negatives, positive, Scotch prints, etc. will be billed to the advertiser. Negatives, positives, Scotch prints, etc. will be destroyed within one year by the publisher if disposition instructions are not furnished by the advertiser. Requested positions in the newsletter are not guaranteed. Full payment is due with the return of the advertising contract, along with your camera-ready ad.					
	e hereby contract ertising in <i>Carolina</i>	t for the advertising sp a Clean.	pace circled above a	and agree to the ter	ms and conditions s	et forth above for
Adve	ertising Authorize	d by :				
		Sign	ature	Print or Type	Name & Title	Date
Payr	ment					

Send completed form to NCALC with credit card info by fax to (704) 461-0531, or mail form with check to NCALC, 4819 Emperor Blvd, Ste 400, Durham, NC 27703-5420.

□ Check enclosed. (Make checks payable to NCALC.)
□ Charge my AMEX/VISA/MasterCard # ______ Exp. Date: _____ CV2: _____
Name on Card: _____ Signature: _____ Date: _____

□ Payment to be consolidated with attached NCALC Business Partner Agreement.

☐ Check enclosed. (Make checks payable to NCALC.)