AD CONTRACT NEW ENGLAND GROWS 2011

1. CHECK AD SIZE AND RATE

SIZE			By 10/1/10 EVERGREEN EXHIBITOR	By 10/1/10 EXHIBITOR	By 10/1/10 NON-EXHIBITOR	After 10/1/10 EVERGREEN EXHIBITOR	After 10/1/10 EXHIBITOR	After 10/1/10 NON-EXHIBITOR
FULL PAGE 4/COLOR	☐ 5⅜" x 8½"	☐ 6" x 9" Bleed*	☐ $750.00	☐ $1000.00	☐ $1200.00	☐ $975.00	☐ $1300.00	☐ $1500.00
■ Add $600 for Specialty Location. Specialty ads are based on availability – call New England Grows.			☐ $1200.00	☐ $1600.00	☐ $1800.00	☐ $1425.00	☐ $1900.00	☐ $2100.00
FULL PAGE B&W	☐ 5⅜" x 8½"	☐ 6" x 9" Bleed*	☐ $338.00	☐ $450.00	☐ $550.00	☐ $413.00	☐ $550.00	☐ $650.00
HALF PAGE COLOR	☐ Horizontal 5⅜" x 4⅛"	☐ Vertical 2 9/16" x 8½"	☐ $492.00	☐ $655.00	☐ $765.00	☐ $566.00	☐ $755.00	☐ $855.00
HALF PAGE B&W	☐ Horizontal 5⅜" x 4⅛"	☐ Vertical 2 9/16" x 8½"	☐ FREE	☐ $355.00	☐ $455.00	☐ FREE	☐ $455.00	☐ $555.00
QUARTER PAGE B&W	☐ Vertical 2 9/16" x 4⅛"		☐ $244.00	☐ $325.00	☐ $425.00	☐ $319.00	☐ $425.00	☐ $525.00

For bleed ads: 6¼" x 9¼"; **TRIM:** 6" x 9"; **LIVE AREA:** 5½" x 8½"

2. MATERIAL SUBMISSION

☐ Ad enclosed with contract on CD or DVD with proof

☐ Ad submitted electronically and proof mailed

☐ Ad will be sent by **November 12, 2010 deadline**

3. CONTACT INFORMATION

☐ Evergreen Exhibitor Booth No(s). _____ ☐ Exhibitor Booth No(s): _____ ☐ Non-Exhibitor

ADVERTISER

CONTACT PERSON

ADDRESS

ADDRESS

CITY STATE/PROV. ZIP

BUSINESS PHONE FAX

EMAIL

ADVERTISING AGENT (IF DIFFERENT FROM ABOVE) – NO DISCOUNTS

CONTACT

AGENCY PHONE EMAIL

4. PAYMENT AND SIGNATURE

FEE: See above for Advertising Fee $

☐ Check enclosed *(Made payable to New England Grows, Inc.)*

Credit Card ☐ MC ☐ Visa

Card # | | | | | | | | | | | | | | | |

Security Code | | | | | Exp. Date _____

AUTHORIZED SIGNATURE

PRINT CARDHOLDER'S NAME

I understand that if my artwork requires changes to fit ad specifications or if I have requested any changes to my ad, I will be billed by New England Grows or its agent and agree to pay the additional costs. Artwork may be returned, by request, for an additional charge determined by the publisher.

AUTHORIZED SIGNATURE DATE

PRINT NAME

Signature required to process contract.

FOR OFFICE USE ONLY	
CK. #	
DATE REC.	
AMOUNT PD.	
BAL. DUE	

New England Grows, Inc. 8 Pleasant Street South, Building D Natick, MA 01760

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