

2013 Metro Profile and Directory

Advertising Agreement

Advertiser _____ Date _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____

Contact Name (please print) _____ E-mail _____

AD SIZES

PREMIUM PLACEMENT

Back Cover Full Page Inside Back Cover Full Page

Page 1 (Full Page) Inside Front Cover Full Page

Page 3 (Full Page) Page 5 (Full Page)

Full Page Guaranteed Location _____

Check One: Bleed No Bleed

INSIDE

Ad Size: _____

Horizontal Vertical

Square Full Page

Check One: Bleed No Bleed

PAYMENT INFORMATION

Space Cost \$ _____

Other \$ _____

Balance Due \$ _____

Bill my Chamber Account

Please call for CC information

Invoice me

AGENCY INFORMATION/PRODUCTION CONTRACT

Agency Name _____

Contact _____

Phone _____

Fax _____

AD INFORMATION

Print-ready file due by: November 16, 2012

Special Instructions:

I have read and understand the conditions listed and have full authority to execute this advertising agreement on behalf of Advertiser.

By: _____ Title: _____ Date: _____

Accepted by The Chamber _____ Date: _____



THE CHAMBER
FARGO MOORHEAD WEST FARGO

The Chamber
P.O. Box 2443, Fargo, ND 58108-2443
Phone: 218.233.1100 | Fax: 218.233.1200