



ADVERTISER INFORMATION

Advertising Company _____

Main Contact _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ E-Mail _____

ANNUAL CONTRACT

Annual Contract (6 inserts)

- First sheet: \$575
- Additional sheets: \$525 each
- Cost shown above is per issue

INSERT SPECS

- Maximum size (flat): 8.5" x 11"
- Inserts can be single or double sided.
- Additional sheets beyond one front-and-back sheet will incur an additional charge, as shown above.

SINGLE PUBLICATION

Single Publication

- First sheet: \$925
- Additional sheets: \$525 each

Single Publication: Local Association

- Per sheet: \$80

Please mark the issue(s) in which you wish to include your insert.

January/February

Deadline: 12/19/16

May/June

Deadline: 4/17/17

September/October

Deadline: 8/21/17

March/April

Deadline: 2/20/17

July/August

Deadline: 6/19/17

November/December

Deadline: 10/20/17

ADVERTISING TERMS

- Advertisers must deliver 2,700 copies of their insert to the OVMA office by the deadlines shown above.
- If you would like your insert to be included in the e-mail version of the newsletter, please also send a PDF version of your insert to communications@ohiovma.org.
- All inserts are subject to OVMA review and approval prior to insertion. Publisher reserves the right to offer modified publishing alternatives.
- Advertisers who do not submit their inserts by press time will be excluded.
- As space is limited, contracts are available on a first-come, first-serve basis.
- Advertisers who sign an annual contract agree to run six consecutive ads. In the event one issue is skipped, the advertiser will be charged the single publication price.
- Billing is done following publication. Other arrangements may be made upon contract submission by contacting financial secretary Cindi Rains at car@ohiovma.org.

PAYMENT INFORMATION

Please invoice after publication. (Option available to OVMA Members only.)

Please charge the following credit card: Visa Mastercard Discover American Express

Card No. _____ Expiration Date: _____

Cardholder Name _____ CVV _____

Signature _____ Total amount due: \$ _____

Please do not include credit card information if submitting this form by email. To ensure security, this information should only be sent via regular mail, fax, or over the phone.

PLEASE RETURN COMPLETED FORM:

By mail: OVMA, 1472 Manning Pkwy, Powell, Ohio 43065
By fax: 614.436.1301 By e-mail: kdb@ohiovma.org

Questions? Call us at 800.662.6862 or e-mail kdb@ohiovma.org.