



Wisconsin Broadcasters Association NEWSLETTER Advertising Rates & Agreement

_____ (firm name) agrees to advertise in the Wisconsin Broadcasters Association Newsletter according to the WBA newsletter rate schedule:

FREQUENCY: (Check one):

All 6 Issues _____

3 Issues _____

MONTHS OF:

January/February _____

March/April _____

May/June _____

July/August _____

September/October _____

November/December _____

SIZE OF ADVERTISEMENT: (Check One):

Business Card _____	\$70/issue	One-Half Page (7½" wide x 5" long) _____	\$300/issue
One-Eighth Page (5" wide x 1½" long) _____	\$70/issue	Two-Thirds Page (5" wide x 9¾" long) _____	\$400/issue
One-Quarter Page (5" wide x 3¾" long) _____	\$140/issue	Full Page (7½" wide x 9¾" long) _____	\$500/issue
One-Third Page (2⅘" wide x 9¾" long) _____	\$190/issue	<i>odd sizes accommodated and pro-rated</i>	

INSERTS

Pre-printed inserts accepted. Full page only. Full circulation only. Insert fee including postage is \$275. Discounts do not apply.

DISCOUNTS

- 6 Issues Total: 15%
- 3 Issues Total: 10%

DEADLINE & TERMS

Copy deadline: The 20th of the month, preceding the issue.

DISCOUNTS:

Check if applicable 6 Issues _____ 3 Issues _____

INVESTMENT:

No. of insertions _____ x RATE _____ less _____ % discount = _____
TOTAL NET DOLLARS

Contact Person _____ Phone _____

Signed _____ (Name) _____ (Title)

E-mail _____ Date _____

Make checks payable and send to:

Wisconsin Broadcasters Association • 44 E. Mifflin Street, Suite 900, Madison, Wisconsin 53703

Phone: (800) 236-1922 • lbaun@wi-broadcasters.org

Payment terms are net 30 from invoice date, unless payment in advance is required.

To pay by credit card please complete the following:

Name on Card: _____ **Daytime Phone:** _____

Billing Address: _____

Billing City, State, Zip: _____

Credit Card Number: _____ **CSC#** _____

Type of Card: VISA MasterCard Discover **Expiration Date:** _____

Signature Required: _____