

BUSINESS CARD

Vertical: 2" x 3 1/2"
Horizontal: 3 1/2" x 2"

PROFESSIONAL LISTING

XX
XX
XX
XX
(4 Lines of text)

QUARTER PAGE

Vertical: 3 1/2" x 4 1/2"

FULL PAGE
9 1/4" x 7 3/4"

HALF PAGE

Vertical 3 1/2" x 9 1/2"
Horizontal: 7 1/2" x 4 1/2"

AD SPECIFICATIONS:

1) Ads must be submitted the 25th of the month for publication two months later. For example, to appear in the August issue, the ad must be sent by June 25th.

2) Ads must be submitted as PDF and CMYK.

Temple Israel of Greater Miami 2009-2010 Chai Lites Advertising Rates

Full Year (11 Issues)	5 Issues—9 Issues	1—4 Issues
Professional Services Directory 4 lines of text—\$100/year	Professional Services Directory 4 lines of text — \$15/month	Professional Services Directory 4 lines of text — \$20/month
Business Card Vertical 2" x 3 1/2" Horizontal 3 1/2" x 2" Black and white \$75/month Color \$85/month	Business Card Vertical 2" x 3 1/2" Horizontal 3 1/2" x 2" Black and white \$85/month Color \$95/month	Business Card Vertical 2" x 3 1/2" Horizontal 3 1/2" x 2" Black and white \$95/month Color \$105/month
Quarter Page Vertical 3 1/2" x 4 1/2" Black & white \$100/month 4 color \$150/month	Quarter Page Vertical 3 1/2" x 4 1/2" Black & white \$115/month 4 color \$150/month	Quarter Page Vertical 3 1/2" x 4 1/2" Black & white \$135/month 4 color \$170/month
Half Page Vertical 3 1/2" x 9 1/2" Horizontal 7 1/2" x 4 1/2" Black & white \$165/month 4 color \$200/month	Half Page Vertical 3 1/2" x 9 1/2" Horizontal 7 1/2" x 4 1/2" Black & white \$185/month 4 color \$220/month	Half Page Vertical 3 1/2" x 9 1/2" Horizontal 7 1/2" x 4 1/2" Black and white \$215/month 4 color \$275/month
Full Page 9 1/4" x 7 3/4" Black & white \$250/month 4 color \$400/month	Full Page 9 1/4" x 7 3/4" Black & white \$275/month 4 color \$425/month	Full Page 9 1/4" x 7 3/4" Black & white \$340/month 4 color \$450/month

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PLEASE PRINT ALL INFORMATION

Advertiser _____

Phone _____ Date _____

Address _____

City/St/Zip _____ Contact Person _____

Ad Sold by _____ Phone _____

PAYMENT OPTIONS:

_____ One payment. I choose to pay my 2009-2010 in one payment. **This option gets a 10% discount.**

_____ Quarterly payments. (July/ October/ January/ April.)

_____ Monthly payments.

PAYMENT TYPE:

_____ By check. _____ By Mastercard or Visa for all payments.

CREDIT CARD AUTHORIZATION:

I authorize Temple Israel of Greater Miami to charge my _____ Mastercard _____ Visa

Card # _____ Exp Date: _____

Cardholder's Signature _____ Date: _____