

natural awakenings™

healthy living. healthy planet

ADVERTISING CONTRACT

ad rates

Size:	Price per month, payable monthly			
	12 Month 25% discount	6 Month 15% discount	1 Month	Design* (one time fee)
	b/w / color	b/w / color	b/w / color	
Business Card	87 112	98 123	115 140	29
1/8 Page	98 128	111 141	130 160	33
1/6 Page	128 168	145 185	170 210	43
1/4 Page	172 232	195 255	229 289	58
1/3 Page	216 286	244 314	287 357	72
1/2 Page	311 411	352 452	414 514	104
2/3 Page	394 504	447 557	525 635	132
Full Page	540 660	612 732	720 840	180

Color Premier Positions

Inside Front	798	888	1022	180
Page 3	753	843	977	180
Page 4	703	786	910	180
Inside Back	748	831	955	180
Outside Back	875	975	1124	180

Community Resource Guide (CRG) 3 month minimum

with display ad: 12 mos - \$35 6 mos - \$40 3 mos - \$45

without display ad: 12 mos - \$69 6 mos - \$79 3 mos - \$89

Based on basic listing of 400 characters & spaces. Photo/logo included.

Charge per extra character & space = \$.15 (12 mos.) \$.17 (6 mos) \$.20 (3 mos)

Classified Ad

\$15 minimum (up to 300 characters & spaces). \$0.05 per extra character & space (over 300). Submit listing via website at: NaturalNewHaven.com.

Mark Your Calendar Ads (MYC)

\$70 for up to 400 characters and spaces and \$.15 for each additional character & space (over 400).

Calendar Listings

\$15 each. Display advertisers (1/6 pg or larger): 5 free. 1/8 pg, BC, CRG and MYC advertisers: 2 free. CRG advertisers with BC or larger display ad: 5 free. Submit listings via NaturalNewHaven.com by the 10th (all other ad types above by the 12th).

NEW HAVEN & MIDDLESEX COUNTIES

P.O. Box 525 North Branford, CT 06471

Phone 917-414-1371

Fax 203-488-8523

maureen@naturalnewhaven.com

Contract Number of Months _____

From Issue ___ / ___ Through ___ / ___
mo. yr. mo. yr.

Size _____ Display Ad Price/Month _____

Ad Design _____

Color _____

CRG Ad _____

Classified Ad _____

Calendar Listings _____

Mark Your Calendar Ad _____

Ad Package _____

Resource Directory (see website for prices) _____

NAN Provider (1st year free) _____

1st Month TOTAL _____

2nd Month thru
Contract End
\$ _____
Total Per Month

Payment via credit card only. We gladly accept:

Visa Mastercard Amex Discover

*Must complete credit card authorization form. First ad will not appear in print until **after** first month has been billed.

Credit card charges: Your account will be billed prior to publication. Broken contracts: Unearned discounts and administrative fee of 25% of your monthly rate will apply. Should this become a collection problem, the client assumes all costs of collection, including, but not limited to court costs, interest and legal fees.

I agree to allow the credit card on file with Natural Awakenings to be charged in full each month per this contract.

Signature _____

*Pricing is based on consecutive month placement in Natural Awakenings magazine.

Fill in contract form. Calculate your price in the worksheet above.

Fax completed contract to **203.488.8523**. Thank you!

Name _____ Date _____

Business Name _____

Billing Address _____

City _____ State _____ Zip _____

Telephone () _____ Cell Phone () _____

Fax () _____

Email _____ Website _____

Ad Design Charge*

The contract rates listed are for finished ads. Should design work be needed, add the one-time design charge. Subsequent changes to ads are subject to a re-design fee.

Deadlines

To hold ad space, contracts must be faxed to **203.488.8523** by the **12th** of the month **prior** to the issue in which the ad is to appear. Submit any changes to an existing ad by the **12th** to: **Ads@naturalnewhaven.com**.

Natural Awakenings
Credit Card Billing Authorization Form

New Haven & Middlesex Counties

P.O. Box 525

North Branford, CT 06471

Ads@naturalnewhaven.com

Billing Phone: 203.988.1808 • Billing Fax: 203.488.8523

Please print this form and fax it back to us.

All requested information is required.

I authorize Natural Awakenings to bill the card listed below as specified:

Amount \$ _____ frequency: One Time
 Monthly

Start billing on: _____ End billing: On contract expiration
(Today's date) One time charge

Natural Awakenings accepts the following credit cards: Visa, MasterCard, American Express, Discover.

Credit Card # _____ Expiration: _____

Name as it appears on Credit Card: _____

Billing Address for Credit Card: _____

City: _____ State: _____ Zip Code: _____

3 Digit Code _____ (from signature line on back of credit card)

4 Digit Code for AmEx _____ (on front of card)

Cardholder's Signature: _____

Telephone: _____ Alternate Phone: _____

FOR SECURITY PURPOSES
PLEASE DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL.