



Town of Windermere GAZETTE

2015 Advertising Contract

Business Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

- | | | |
|--|---|-------|
| <input type="radio"/> Inside Cover Full Page: | 7" x 7" (framed) or 8.25" x 8.25" (bleed) | \$700 |
| <input type="radio"/> Full-Page Editorial: | 7" x 7" (framed) or 8.25" x 8.25" (bleed) | \$600 |
| <input type="radio"/> Half-Page Horizontal: | 7" (w) x 3.375" (h) | \$350 |
| <input type="radio"/> Half-Page Vertical: | 3.375" (w) x 7" (h) | \$350 |
| <input type="radio"/> One-Third Page Vertical: | 3.375" (w) x 4.6" (h) | \$275 |
| <input type="radio"/> One-Third Page Horizontal: | 2.125" (w) x 7" (h) | \$275 |
| <input type="radio"/> One-Quarter Page: | 3.375" (w) x 3.375" (h) | \$225 |
| <input type="radio"/> One-Sixth Page: | 3.375" (w) x 2.125" (h) | \$150 |

Season of choice in 2015:

- | | |
|-------------------------------------|------------------------|
| <input type="radio"/> Spring Issue: | Art due on February 27 |
| <input type="radio"/> Summer Issue: | Art due on May 29 |
| <input type="radio"/> Fall Issue: | Art due on August 28 |
| <input type="radio"/> Winter Issue: | Art due on November 30 |

Terms:

1. Please submit ready artwork in high resolution – 300 dpi preferable. We accept artwork in jpeg and PDF formats. Please email to: dprevost@town.windermere.fl.us.
2. The Town of Windermere reserves the right to change the rates, deadlines and terms of this Contract, as well as to accept or reject any news or ads submitted.
3. Only businesses located within the limits of the Town of Windermere, and businesses outside the Town owned by residents living within the Town limits, may advertise in the Town of Windermere Gazette.
4. All Advertising spots are by a first come, first serve bases. No spots will be reserved without a contract and payment in hand at the Town Administrative Office, located at 614 Main St. Windermere, FL. 34786. Payments will be accepted starting on the date the artwork is due, no early reservations.

Payment:

Payable to: Town of Windermere, attn: Da'Shanta Prevost at (407) 876-2563 x 5321 or dprevost@town.windermere.fl.us.

Total Payment: \$ _____ VISA MasterCard Discover Check: No.

Credit Card Number: _____

Name on Card: _____ Exp: _____

Billing Address: _____

By signing below you are in agreement with the terms stated herewith, and to charge the credit card *if applicable*.

Signature: _____

Date: _____

One-Sixth Page
3.375" x 2.125"

One-Third Vertical
3.375" x 4.6"

Half-Page Vertical
3.375" x 7"

Half-Page Horizontal
7" x 3.375"

One-Quarter Page
3.375" x 3.375"

One-Third Horizontal

7" x 2.125"