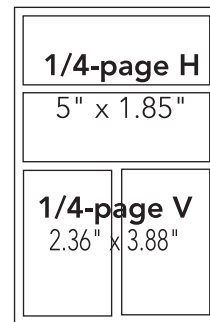
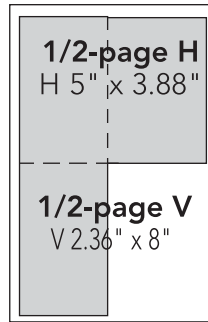




Please check your ad preference, complete the advertiser contract and mail or fax to SCMC.

SCMC
24 Ransom NE
Grand Rapids, MI 49503
T 616.459.2224
F 616.459.6445
www.scmc-online.org

CONTRACTED AD	SIZE	COLOR RATE	BW RATE
<input type="checkbox"/> Back Cover	<input type="checkbox"/> 5" x 8"	<input type="checkbox"/> \$2,500	<input type="checkbox"/> N/A
<input type="checkbox"/> Inside Front	<input type="checkbox"/> 5" x 8"	<input type="checkbox"/> \$2,000	<input type="checkbox"/> N/A
<input type="checkbox"/> Full-Page	<input type="checkbox"/> 5" x 8"	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$ 750
<input type="checkbox"/> 1/2-Page Vertical	<input type="checkbox"/> 2.36" x 8"	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 500
<input type="checkbox"/> 1/2-Page Horizontal	<input type="checkbox"/> 5" x 3.88"	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 500
<input type="checkbox"/> 1/4-Page Vertical	<input type="checkbox"/> 2.36" x 3.88"	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 250
<input type="checkbox"/> 1/4-Page Horizontal	<input type="checkbox"/> 5" x 1.85"	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 250



Company Name _____

Billing Address _____
street city state zip

Authorized By _____ Email _____

Phone _____ Fax _____

Ad Contact _____

Ad Contact Phone _____ Ad Contact Email _____

Signature _____

Printed Name _____ Date _____

PRINT REQUIREMENTS:

- Final must be CS4 compatible or a Photoshop file.
- All files saved to CMYK.
- All fonts changed to paths or outlines.
- Email files to cheri@scmc-online.org.
- **Ad confirmation deadline:** Friday, September 17, 2010.
- **Ad artwork deadline:** Friday, October 15, 2010.

CONTACT:

Cathy Holbrook
Executive Director
T 616.459.2224
F 616.459.6445
cathy@scmc-online.org