

COMPANY: _____ CONTACT: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE #: _____ FAX #: _____
 WEBSITE: _____ EMAIL: _____

INTEGRATED PROGRAM:

BRONZE SILVER GOLD PLATINUM PARTNER

PROGRAM RATE: _____

1YR INTERNET START DATE _____

PRINT ADVERTISING:

AD SIZE FULL PAGE 1/2 PAGE (VERT.) 1/3 PAGE (SQUARE) 1/6 PAGE (VERT.) 1/12 PAGE
 2/3 PAGE (VERT.) 1/2 PAGE (HORIZ.) 1/3 PAGE (VERT.) 1/6 PAGE (HORIZ.) 1/4 PAGE R.E. only

PRINT ONLY RATE: _____

ISSUES ANNUAL TRAVEL GUIDE _____ year ANNUAL MEETING PLANNERS GUIDE _____ year

POSITIONING INSTRUCTIONS:

GUARANTEED AD POSITION add 10% AD POSITION REQUEST not guaranteed
 DINING LODGING ACTIVITIES GOLF SHOPPING REAL ESTATE OTHER

POSITIONING INSTRUCTIONS: _____

MATERIALS & INSTRUCTIONS:

NEW CLIENT
 WE NEED CREATIVE SERVICES
 WE WILL SUPPLY OUR OWN AD _____
 Specify date of delivery

RENEWAL
 PICK UP Issue _____ PICK UP WITH CHANGES
 NEW MATERIALS WE NEED CREATIVE SERVICES
 WE WILL SUPPLY OUR OWN AD _____
 Specify date of delivery

PRODUCTION CONTACT _____ EMAIL _____ PHONE _____

NOTES: _____

All print materials must be received by the close date with instructions or ad cannot be guaranteed by the publisher. Publisher disclaims all responsibility for omissions and errors

INTERNET ADVERTISING:

INTERNET ONLY RATE: _____

START DATE _____ 6mo. 12mo.
 START DATE _____ 6mo. 12mo.

PAYMENT TERMS & CONDITIONS:

- A minimum deposit of 25% must be paid upon signing of the contract.
- All ads must be paid in full 30 days after the materials close date of the issue/issues contracted.
- Any other arrangements must be approved by the business office of the Cape Cod Chamber of Commerce.
- Visa/MC accepted
- All Cancellations are subject to a short rate.

COST PER AD _____

OTHER _____

TOTAL _____

DOWN PAYMENT _____

BALANCE DUE _____

CLIENT SIGNATURE _____ TITLE _____ DATE _____
 Advertiser and/or agency acknowledges receipt of production requirements and agrees to the terms and conditions therein and in the publication's media kit.

CAPE COD CHAMBER REPRESENTATIVE _____ TITLE _____ DATE _____



Please return to: CAPE COD CHAMBER, 5 SHOOT FLYING HILL ROAD, CENTERVILLE MA 02632
 PHONE: 888-33CAPECOD • 508.362.3225 X514 • FAX: 508-362-3698