



2018 Membership Directory Information Update & Advertising Request Form

Name of Company: _____

Contact Person: _____ Phone: _____ E-mail: _____

Section A – Please indicate your listing changes here:

Section B – To update or add your Description of Products or Services, please use this space:

****SECTION C TO BE COMPLETED ONLY BY NEW MEMBERS WHOSE LISTING HAS NOT APPEARED IN THE DIRECTORY YET: + Please complete Section B**

Section C – Company Name as you wish it to appear: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Toll Free Number: _____ Fax Number: _____

Website: _____

List any contacts you want included in the directory listing. Include name, title, phone number, e-mail address and separate mailing address if applicable. Attach separate sheet if necessary.

Name: _____ Title: _____

Office #: _____ Mobile #: _____ e-Mail: _____

Address (if different from main company address): _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Office #: _____ Mobile #: _____ e-Mail: _____

Address (if different from main company address): _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Office #: _____ Mobile #: _____ e-Mail: _____

Address (if different from main company address): _____ City: _____ State: _____ Zip: _____

Section D – Logo Insertion and / or Advertisement: Artwork must be submitted as a "Press Quality" pdf file. Premier Associate Members receive 20% discount.

	<u>Final Ad Size (W x H)</u>	<u>Full Color Rate</u>	<u>B & W Rate</u>
<input type="checkbox"/> Company Logo (inserted with your listing)	2" x 1"	n/a	\$ 25.00
<input type="checkbox"/> Business Card	3 1/2" x 2"	\$325.00 <input type="checkbox"/>	\$225.00 <input type="checkbox"/>
<input type="checkbox"/> One Third Page	4 3/4" x 3"	\$400.00 <input type="checkbox"/>	\$275.00 <input type="checkbox"/>
<input type="checkbox"/> Half Page	4 3/4" x 4"	\$475.00 <input type="checkbox"/>	\$350.00 <input type="checkbox"/>
<input type="checkbox"/> Full Page	4 3/4" x 7 3/4"	\$700.00 <input type="checkbox"/>	\$425.00 <input type="checkbox"/>
<input type="checkbox"/> Inside Back Cover (6x9 full bleed)	5 1/2" x 8 1/2"	\$800.00	n/a
(Allow for 1/4" trim for all sides plus extra 1/2" for binding on left)			
<input type="checkbox"/> Back Cover (6x9 full bleed)	5 1/2" x 8 1/2"	\$900.00	n/a
(Allow for 1/4" trim for all sides plus extra 1/2" binding on right)			
<input type="checkbox"/> Inside Front Cover (6x9 full bleed)	5 1/2" x 8 1/2"	\$900.00	n/a

Section E – Payment Information: Payment Enclosed: Check # _____ Bill My Company / Your P.O. # (if applicable): _____

Please submit your completed form to sallen@ota-telecom.org no later than Friday – December 1, 2017

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