



ESA Newsletter Advertising Agreement

Advertiser: _____ Contact Name: _____

ESA Member? ____yes ____no

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____ E-mail: _____

Email .tif or .jpeg file to esa@2esa.org or mail a crisp, clean, camera-ready art or photo for scanning to the address below.

Submit this form with full payment to reserve your advertising space.

Place a check mark in appropriate box.

Size	Rate (rates listed are PER ISSUE)	Newsletter Advertising Month YEAR _____
<input type="checkbox"/> Business Card Size 3-1/2" x 2"	<input type="checkbox"/> Member Price = \$25.00 per issue <input type="checkbox"/> Non-Member Price = \$50.00 per issue	<input type="checkbox"/> January <input type="checkbox"/> July <input type="checkbox"/> February <input type="checkbox"/> August <input type="checkbox"/> March <input type="checkbox"/> September <input type="checkbox"/> April <input type="checkbox"/> October <input type="checkbox"/> May <input type="checkbox"/> November <input type="checkbox"/> June <input type="checkbox"/> December <u>SPECIAL OFFER FOR MULTIPLE ISSUES!</u> Reserve 6 or more issues for a 5% discount! Reserve all 12 issues for a 10% discount! PAYMENT IN FULL MUST BE SUBMITTED.
<input type="checkbox"/> 1/4 Page 3-1/2" x 4-3/4"	<input type="checkbox"/> Member Price = \$75.00 per issue <input type="checkbox"/> Non-Member Price = \$150.00 per issue	
<input type="checkbox"/> 1/2 Page 7" x 4-3/4"	<input type="checkbox"/> Member Price = \$140.00 per issue <input type="checkbox"/> Non-Member Price = \$280.00 per issue	
<input type="checkbox"/> Full Page 7" x 9-1/2"	<input type="checkbox"/> Member Price = \$200.00 per issue <input type="checkbox"/> Non-Member Price = \$400.00 per issue	
<input type="checkbox"/> Preprinted Insert 8-1/2" x 11"	<input type="checkbox"/> Member Price = \$150.00 <input type="checkbox"/> Non-Member Price = \$300.00 per issue	

Payment must be received with order.

TOTAL DUE \$ _____

Payment Information:

Check # _____ Amount \$ _____

OR

Credit Card # _____ MC Visa Amex Discover

Cardholder Name: _____ CVC# _____

Expiration Date _____ Amount \$ _____

Cardholder Phone: _____

Email, Fax or Mail form to:

The Equipment Service Association

9 Newport Drive, Suite 200, Forest Hill, MD 21050

Phone: (443) 640-1053 • Fax: (443) 640-1031 • E-mail: esa@2esa.org • www.2esa.org