



Marketplace Directory Ads, Article, Listings

PA Farm Show Complex Expo Hall • Harrisburg, PA

COMPANY: _____

Address: _____

Ad Agency (if applicable): _____

Contact Person: _____

Telephone: _____ Email: _____

✓	SIZE & DIMENSIONS		RATES – member		RATES – Non Member		TOTAL
	▼ ADVERTISEMENT		COLOR	Black/White	COLOR	Black/White	
<input type="checkbox"/>	BACK COVER	Full Page: 7.5"w x 10"h	\$750	N/A	\$850	N/A	
<input type="checkbox"/>	INSIDE FRONT COVER	Full Page: 7.5"w x 10"h	\$500	N/A	\$600	N/A	
<input type="checkbox"/>	INSIDE BACK COVER	Full Page: 7.5"w x 10"h	\$500	N/A	\$600	N/A	
<input type="checkbox"/>	Full Page	7.5"w x 10"h	\$425	\$225	\$550	\$325	
<input type="checkbox"/>	Half Page	7.5"w x 5"h or 3.5"w x 10"h	\$300	\$185	\$400	\$285	
<input type="checkbox"/>	Quarter Page	3.5"w x 5"h or 7.5"w x 2.5"h	\$200	\$110	\$300	\$210	
	▼ ARTICLES and LISTING						
<input type="checkbox"/>	Full Page	7.5"w x 10"h		\$225		\$325	
<input type="checkbox"/>	Half Page	7.5"w x 5"h or 3.5"w x 10"h		\$185		\$285	
TOTAL DUE BY FEBRUARY 11, 2011							\$

- ▶ **HOW TO SUBMIT YOUR AD:** electronically in a **JPG format** to tlinn@pabus.org. Faxed or mailed ads can NOT be accepted. Company submitting ad is responsible for ad content.
- ▶ **ARTICLE INFORMATION:** Articles shall be **10 point font**, Black & White, **WORD** format and fit in the dimensions outlined in rate box above.
- ▶ **ESTIMATED CIRCULATION:** 1,500 to Group Leader, motorcoach companies and their tour planners, and all exhibitors.

- ▶ **CANCELLATIONS:** Cancellations must be submitted in writing. Cancellations received prior to 12:00 pm **January 15, 2011** will receive a 75% refund; no refunds after 12:00 pm **January 15, 2011**. Failure to submit an ad or article by the deadline will not result in a refund unless cancelled prior to 12:00 pm **January 15, 2011**. PBA cannot be held accountable for cancellations not received – please verify receipt of a cancellation.
- ▶ **DEADLINE:** All ads and articles are due no later than **February 11, 2011** to adhere to directory printing schedule of deadlines.

▶ **PAYMENT INFORMATION:** **Full payment must be submitted with form.**

CHECK enclosed \$ _____ OR CREDIT CARD \$ _____ to AMEX Master Card VISA

Card # _____ Expiration: _____

Complete Billing Address of Card: _____

Authorized Signature: _____ Date: _____

**RETURN TO: Pennsylvania Bus Association • 4405 North Front Street; Harrisburg, PA 17110-1709
FAX 717-236-1391 (credit card payments only; to assure receipt by PBA please confirm receipt of faxed forms)**

PBA USE ONLY:
TOTAL DUE: \$ _____ Check # _____ Check Date: _____ Check Amount _____ Credit Card Approval: _____