



SHALOM Lehigh Valley Magazine Fall 2018-2020
2018 Ad Order Contract

Jewish Federation of the Lehigh Valley
 Main Office: 610-821-5500 ext. 323
 Fax: 1-866-493-5889
 E-mail: hakolads@jflv.org

Contract Date _____
 Advertiser PO # _____
 JFLV Ad Representative Diane McKee

ADVERTISER CONTACT AND PAYMENT INFORMATION

Advertiser Business Name: _____

Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Advertiser/Company responsible for PAYMENT: _____
 Provide Company NAME if different from Advertiser

Address: _____
 Provide address of company responsible for payment

Advertiser Payment Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Indicate ad size below:

<u>Full Page</u>	<u>2/3 Page</u>	<u>Half Page</u>	<u>1/3 Page</u>	<u>1/4 Page</u>	<u>1/6 Page</u>	<u>1/8 Page</u>	<u>SPECIAL*</u>
Without bleed 7.5"w x 10"h	7.5"w x 7.325"h	Vertical 4.875"w x 7.325"h	Square 4.875"w x 4.875"h	3.625"w x 4.875"h	Vertical 2.325"w x 4.875"h	3.625"w x 2.325"h	preferred placement
With bleed 8.5"w x 11"h	4.875"w x 10"h	Horizontal 7.5"w x 4.875"h	Vertical 2.325"w x 10"h		Horizontal 4.875"w x 2.425"h		COVER Inside Front Back
.0125 bleed 8.75"w x 11.25"h			Horizontal 7.5"w x 2.425"h				COVER BACK
\$1,800	\$1,600	\$950	\$825	\$475	\$425	\$300	OTHER _____

NOTES: _____

Rate: \$ _____ FINAL TOTAL \$ _____

Special* \$ _____
 Deduct 12% \$ _____ Early bird AND current HAKOL advertiser
 OR Deduct 5% \$ _____ Early bird reservation and payment by 3/23/18
 OR Deduct 8% \$ _____ Current HAKOL Advertiser

Payment with AD ORDER Please invoice. Payment by JUNE 15, 2018 (Early bird 3/23/18)
 Check Payable to: Jewish Federation of the Lehigh Valley (JFLV) \$ _____ Check # _____ Date _____
 Credit Card - Attach Authorization Form

>ACTION DATES & COPY INFORMATION: Email Ad Copy to: hakolads@jflv.org
 Ad Space Reserve by: MAY 18, 2018 • Print Ready Ad by: MAY 25, 2018 *No Coupons Accepted in ad copy*
 Is ad print ready & sized correctly? YES NO: If "NO" *Immediately* email logo, artwork, text
 AD PROOF provided for non-print ready ads. E-mail: _____

If different from above
 NOTE: If more than 2+ complete ad re-designs are required, please note that a \$25/edit fee will now apply

Authorized by (SIGN HERE): _____ Title: _____

Advertiser OR Company Name: _____ Date: _____
 Advertiser / Company responsible for payment / Contract non-cancellable by Advertiser

 Please fax this completed form to 1-866-493-5889 or email SIGNED scan to hakolads@jflv.org or
 Mail to SHALOM LV • Jewish Federation of the Lehigh Valley • 702 N. 22nd Street • Allentown, PA 18104 1.30.18
