



P R I N T I N G



AD Rate Sheet

2 8 1 - 2 4 0 - 1 3 1 3

Cinco Ranch - 6,300 Copies
Please mark ad size you are requesting to be placed into the Cinco Ranch Newsletter.

****SF25 Ad Placement Fee / Each Ad Change: \$25.00**

| X | Ad Type / Size (WxH) | 1 Month | 3 Months | 6 Months | 12 Months |
|--------------------------------|--|---|------------------------|------------------------|------------------------|
| | | | Unit Price (Per issue) | Unit Price (Per issue) | Unit Price (Per issue) |
| | Business Card / 3.75" x 2" | \$170.00 | \$155.00 | \$148.00 | \$140.00 |
| | 1/4 Page / 3.75" x 5" | \$325.00 | \$300.00 | \$280.00 | \$260.00 |
| | 1/3 Page / 7.75" x 3.25" | \$450.00 | \$410.00 | \$390.00 | \$370.00 |
| | 1/2 Page / 7.75" x 5" | \$575.00 | \$525.00 | \$500.00 | \$475.00 |
| | Full Page / 7.75" x 10.25" | \$1000.00 | \$900.00 | \$850.00 | \$800.00 |
| | Customer Supplied Insert 8.5" x 11" | \$1050.00 | | | |
| Pamela Printing Inserts | | | | | |
| | PP1 | Loose Insert / 8.5" x 11" / Full Color 1-Side | | | \$1500.00 |
| | PP2 | Loose Insert / 8.5" x 11" / Full Color 2-Side | | | \$1685.00 |

_____ Number of Months

Please mark all months that ad will appear.

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

- We accept payment for up to 12 months for ad space
- Send artwork to cincoranch@pamelaprinting.com
- Fax - 281.240.1312
- Make checks payable to **Pamela Printing Co.**

550 Julie Rivers Dr., Suite 310
Sugar Land, Texas 77478

We accept all major credit cards

Ad Placement form must be included with payment

Ad Placement/Change Fee **\$25.00**

Monthly Ad _____

Typeset (min. \$35) _____

Total _____



Cinco Ranch Newsletter
Placement Form

Date: _____

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Email Address: _____

Method of Payment:

Check No. _____

Credit Card: (Visa) (MCard) (AmEx) (Discover)

Card No: _____

Expiration Date: _____

Street Number: _____

Zip Code: _____

**THIS FORM MUST
ACCOMPANY THE
AD RATE SHEET**

Notes:
