



**281-240-1313**  
 550 Julie Rivers Dr., Suite 310  
 Sugar Land, Texas 77478

**AD Rate Sheet**  
 (1790 Copies)

## Advertising Contract for My Elyson

Please mark ad size you are requesting to be placed into the My Elyson Newsletter.

<b>**SF25 Ad Placement Fee / Each Ad Change: \$25.00</b>					
<b>X</b>	<b>Ad Type / Size (WxH)</b>	<b>1 Month</b>	<b>3 Months</b> Unit Price (Per issue)	<b>6 Months</b> Unit Price (Per issue)	<b>12 Months (+)</b> Unit Price (Per issue)
	Business Card / 3.75" x 2"	\$120.00	\$102.00	\$96.00	\$90.00
	1/4 Page / 3.75" x 5"	\$228.00	\$204.00	\$192.00	\$180.00
	1/2 Page / 7.75" x 5"	\$432.00	\$408.00	\$384.00	\$360.00
	Full Page / 7.75" x 10.25"	\$750.00	\$720.00	\$696.00	\$672.00
	Customer Supplied Insert 8.5" x 11"	\$720.00			
<b>Pamela Printing Inserts</b>					
	PP1	Loose Insert / 8.5" x 11" / Full Color 1-Side			\$840.00
	PP2	Loose Insert / 8.5" x 11" / Full Color 2-Side			\$960.00

\_\_\_\_\_ Number of Months

Please mark all months that ad will appear.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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We accept payment for up to 12 months for ad space

**All ads must be submitted by the 10th of the month.**

Please send artwork to [lane@pamelaprinting.com](mailto:lane@pamelaprinting.com)

Fax - 281.240.1312

Make checks payable to **Pamela Printing Co.**

We accept all major credit cards

*\*Ad Placement form must be included with payment\**

Ad Placement/Change Fee	<b>\$25.00</b>
Monthly Ad	_____
Typeset (min. \$35)	_____
<b>Total</b>	_____



**Advertising Contract for My Elyson Newsletter**  
**Placement Form - Please fill out completely.**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Size of Ad: (Bus Card) (1/4 Page) (1/2 Page) (Full Page)

Number of Issues: \_\_\_\_\_

Run time: (Jan) (Feb) (Mar) (Apr) (May) (Jun) (Jul) (Aug) (Sep) (Oct) (Nov) (Dec)

Loose - PPC produced: \$840.00 (Color 1-side)  
\$960.00 (Color 2-side)

Method of Payment:  Check  Credit Card

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ad Placement/ Change Fee	<b>\$25.00</b>
Monthly Ad	_____
Typeset (min. \$35)	_____
<b>Total</b>	<b>_____</b>

Notes:  
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Rev. June 2022