



DATE _____
SALES REP _____

800-944-3995



The GOLD BOOK 2006-2007 ADVERTISING CONTRACT

Sizes & Rates (assumes camera-ready art, electronic files or film furnished)

DISPLAY ADVERTISING					PROFESSIONAL SERVICES & PRODUCTS SECTION					
	SIZE	B&W	Color			SIZE	PRICE			
<input type="checkbox"/>	Full Page	7 1/4" x 9 1/2"	1200	1750		<input type="checkbox"/>	Full Page	7 1/4" x 8"	975	
<input type="checkbox"/>	2/3 Page		1050	1550		<input type="checkbox"/>	2/3 Page	7 1/4" x 4 3/4"	750	
<input type="checkbox"/>	Vertical	4 13/16" x 8"				<input type="checkbox"/>	Half-Page	7 1/4" x 3 7/8"	600	
	Horizontal	7 1/4" x 5 1/4"				<input type="checkbox"/>	1/3 Page	7 1/4" x 2 1/4"	450	
<input type="checkbox"/>	Half-Page		900	1350			1/4 Page		300	
	Vertical	3 1/2" x 8"				<input type="checkbox"/>	Vertical	3 1/2" x 3 7/8"		
	Horizontal	7 1/4" x 4 1/4"				<input type="checkbox"/>	Horizontal	7 1/4" x 1 1/2"		
	NEW		1x	2x	3x	4x	<input type="checkbox"/>	Business Card	3 1/2" x 2 1/4"	250
<input type="checkbox"/>	Banner Ads (6 3/4" x 1")		225	250	225	200				
<input type="checkbox"/>	Banner Ads (6 3/4" x 2")		450	400	350	300				

Rates quoted are based on completed camera-ready art.

Production

ABSOLUTE CAMERA-READY DEADLINE: March 15, 2006

- Electronic Files furnished.
- Use last year's ad. No changes. _____ (Initials) **Special instructions:** _____
- Use last year's ad with marked changes. _____ (Initials) _____
- New camera-ready ad enclosed. _____
- Make new ad using enclosed material. _____
- Request the return of camera-ready art. _____

Additional charges for black and white ads requiring new type, corrected type or new design will be billed to the advertiser at \$50.00 per ad. Halftones (photos) or color separations will be quoted upon request.

Payment

PAYMENT SCHEDULE: Total amount due: \$ _____ Please bill me
 Pre-Paid Discount 10% — Payment attached (Check no. _____)
 Visa/Mastercard - Name on Card _____
 Card No. _____ Exp. Date _____

Mail completed contract to: The Clark Group, PO Box 24766, Lexington KY 40524-4766

Business Name: _____
 Contact Name: _____
 Accounts Payable Contact: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____
 Signature: _____ Date: _____