

2021 ASID New Jersey "BLUEPRINT" Magazine

MAGAZINE ADVERTISING CONTRACT

ADVERTISER & BILLING INFORMATION

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Billing: ☐ Same As Above

Contact Name: _____

Address: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Notes: _____

Contract Date: _____

ARTWORK DETAILS

☐ Advertiser Submitting Artwork

☐ Ad Created By: _____

Contact Email: _____

Phone: _____

SIGNATURE REQUIRED

I _____ understand and warrant that the advertisement, articles, content, text, images, pictures, and/or logos that I am sending are registered trademarks of my company, and that I am not infringing on any other person's copyright, trademarks, rights of literary property, intellectual property, nor do they violate the rights of privacy of, or libel other persons. I agree to indemnify and hold harmless ASID-NJ against any claims, judgement, court costs, attorney fees and other expenses arising from any alleged or actual breach of these warranties. All advertisers will be sent one proof of their advertisement. All changes on the proof will be final and if the proof copy is resubmitted by fax or mail after the deadline given, the proof changes are not guaranteed. Proof copies are for error corrections only. Payment is required in advance to guarantee space. I authorize ASID-NJ to change the credit card provided for full payment of all advertisements and listings placed with ASID-NJ. This publication may be archived online indefinitely. The publication sponsor determines the time each publication is archived. Contact ASID-NJ to have your ad taken down or revised for a fee.

Signature: _____ Date: _____

Email this contract (pdf) with full payment to:

Administrator@nj.asid.org

ASID OFFICE USE ONLY

Date: _____ Payment: _____

Transaction #: _____

Artwork Received: _____

Art Approved: _____

AD SPECS

8.5 x 11 Full Bleed



1/2 Page
Vertical Print Area



1/2 Page
Horizontal Print Area



1/4 Page Print Area



ASID-IP Member # (if applicable): _____

*Special Spring 2021 Rates for this Issue Only

AD SIZE	Cost	IP-Member	Non-IP
Full Page	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$395	<input type="checkbox"/> \$475

Full Page	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$435	<input type="checkbox"/> \$495
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*Prime Placement *Limited Availability

1/2 Page	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$321	<input type="checkbox"/> \$381
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1/4 Page	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$281	N/A
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Total Advertisement Cost \$ _____

☐ Request PayPal Invoice by emailing:
Finance@nj.asid.org

Circle One: Visa, Mastercard, American Express, Discover

Card Number: _____

Exp Date: _____ Sec Code: _____

Name on Card: _____

Billing Address: _____

City, State: _____

Zip: _____

Signature: _____