

# SCBA 2017-18 MEMBERSHIP DIRECTORY

# ADVERTISEMENT ORDER FORM



*Please Note: You MUST be a current SCBA Member in order to advertise in our directory.*

Business Name: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### Directory Ad Purchase: (ad sizes are shown on the opposite side of this form)

<input type="checkbox"/> Advertisement Size :	_____	Full Page Outside Back Cover: \$300 (only 1 available)
<input type="checkbox"/> Full Page: \$175	_____	Full Page Inside Back/Front Cover: \$250 (only 1/each available)
<input type="checkbox"/> Half Page: \$100	_____	Half Page Inside Front Cover: \$150 (only 2 available*)
<input type="checkbox"/> Business Card Size: \$60	_____	Half Page Inside Back Cover: \$150 (only 2 available*)

*Cover ads are sold by a first-come, first-serve basis... please contact us for availability so we may reserve your space. \*Half pages are only available IF this space is not sold as a full page.*

#### Payment Information: TOTAL: \$ \_\_\_\_\_

My check is enclosed (payable to South Carroll Business Association)

I would like to make my payment via credit card. (Visa, MC, Disc & AMEX)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/year) Security Code: \_\_\_\_\_

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

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

*Please mail this completed form with payment to:*

South Carroll Business Association — P.O. Box 1401 — Eldersburg, MD 21784

*For more information, please email us at [info@southcarroll.org](mailto:info@southcarroll.org)*



**South Carroll**  
BUSINESS ASSOCIATION

## **DIRECTORY ADVERTISEMENT SIZES**

**FULL PAGE — 7" x 4.5"**

**HALF PAGE — 3.5" x 4.5"**

**Business Card  
3.5" x 2"**