

# CONTRACT FOR ADVERTISING SPACE

We hereby reserve the following advertisement space(s) in the 2006 ASALH Convention Program Journal:

	Rate	Early Bird	Qty.	Total Cost
<input type="checkbox"/> <b>Two Page Spread</b> (10 1/4" x 15 1/2")	\$600	\$540	_____	\$ _____
<input type="checkbox"/> <b>Full Page</b> (10 1/4" x 7 3/4")	\$350	\$315	_____	\$ _____
<input type="checkbox"/> <b>Half Page</b> (7 3/4" x 5 1/8")	\$200	\$180	_____	\$ _____
<input type="checkbox"/> <b>Quarter Page</b> (5 1/8 x 3 7/8")	\$150	\$135	_____	\$ _____
<input type="checkbox"/> <b>Patron/Supporter</b> (One name on one line)	\$20	\$18	_____	\$ _____

*Early Bird 10% Discount Deadline: Saturday, July 15, 2006*

All ads must be black and white, **camera ready** and received by Tuesday, August 1, 2006. Please email **camera** ready art to [programads@asalh.net](mailto:programads@asalh.net). Make all checks payable to ASALH. No checks after August 1, 2006.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Business: \_\_\_\_\_

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

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

Phone: (Day) \_\_\_\_\_ (Eve.) \_\_\_\_\_ Fax: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_

Authorizer's Signature: \_\_\_\_\_

**CREDIT CARD:** (Circle One) Visa / Mastercard

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

**RESERVE ADVERTISING SPACE ONLINE! [www.asalh.org](http://www.asalh.org) Look for "Advertisers"**

**Return completed application with full payment by Tuesday, August 1, 2006 to:**

**FOR OFFICE USE ONLY:**

- Date Received: \_\_\_\_\_
- Initials: \_\_\_\_\_
- Total Fee \$ \_\_\_\_\_
- Amount Paid \$ \_\_\_\_\_
- Discount Eligible: Y / N
- Payment Type \_\_\_\_\_
- Check Number: \_\_\_\_\_
- Balance Due \$ \_\_\_\_\_
- Balance Due Date \_\_\_\_\_
- Advertiser ID # \_\_\_\_\_
- Order # \_\_\_\_\_

Program Journal Coordinator  
ASALH Convention  
C.B. Powell Building  
525 Bryant Street, Suite C-142  
Washington, DC 20059

Website: [www.asalh.org](http://www.asalh.org)  
Email: [programads@asalh.net](mailto:programads@asalh.net)  
Phone: (202) 865-0053

**CREDIT CARD USERS:**

Is your billing information different from above? Yes / No

If so, please provide the following information:

Name as it appears on Card:

\_\_\_\_\_

Billing Address of Card Holder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_