



LEDUC & DISTRICT 2011 SOURCE BOOK CONTRACT

Please Print **EXACTLY** as you would like your business to appear in the **YELLOW PAGES** listings. Include all information you would like printed.

BUSINESS NAME _____ **Contact** _____

Street Address _____ **Town/City** _____

Phone _____ **Fax** _____ **Postal Code** _____

	Member	Non-Member	Non-Profit	COST
Full Page Inside Cover (includes CMYK)	\$1870.00			\$
1/2 Page Inside Cover (includes CMYK)	\$1045.00			\$
Full Page (6 7/8" x 9 1/2")	\$1485.00	\$1650.00	\$1320.00	\$
1/2 Page (6 7/8" x 4 1/2")	\$ 880.00	\$ 990.00	\$ 660.00	\$
1/4 Page (3 3/8" x 4 1/2" or 6 7/8" x 2 1/4")	\$ 495.00	\$ 605.00	\$ 440.00	\$
Business Card (3 1/4" X 2 1/8")	\$ 330.00	\$ 440.00	\$ 275.00	\$
Process Color (CMYK)	\$ 85.00	\$ 125.00	\$ 85.00	\$
Red Highlight Text Yellow Pages	\$ 45.00	\$ 75.00	\$ 45.00	\$
			Sub-Total	\$
GST #1077608556			GST 5%	\$
NOTE: Yellow Highlights in White Pages Free (Chamber Members Only)			GRAND TOTAL	\$

Please check one:

- Repeat Ad exactly as last year
 Repeat Ad with changes (attach changes)
 NEW AD (attach new copy)
 Full Process Color Ad (please call for details)
 Ad provided Camera Ready

Category for Ad to Appear under 1ST Ad _____ 2nd Ad _____

Name Listing Only in other Categories 1. _____ 2. _____

3. _____ 4. _____

If the Advertiser cancels advertising space, the Advertiser agrees to pay the Chamber in full for space reserved. The Chamber shall not be responsible for any errors and/or omissions as it is the responsibility of the advertiser to proof and ready all proofs and return for publication. Any copy not proofread or returned by deadline shall be printed "as is". A copy of the proof bearing the advertiser's signature shall constitute approval for the ad. The Chamber is not responsible for errors made on incomplete forms or ads.

PAYMENT: Total payment of all Advertising Fees to be paid to the Leduc and District Chamber of Commerce.

All fees due upon signing of this contract OR no later than October 1, 2010

Payment by: Cheque Debit/Cash Invoice Date Paid _____

VISA MC Expiry Date ____/____/____ Signature _____

VERIFICATION CODE (3 Digits on the back of credit card): _____

I have read and understand all information in this contract.
 Advertiser _____

Accepted by:
 Leduc and District Chamber of Commerce

Print Name _____

Date _____

Date _____

Leduc and District Chamber of Commerce, 6420 – 50 Street, Leduc, Alberta T9E 7K9
Phone 780-986-5454 Fax 780-986-8108 E-mail info@leduc-chamber.com