

Insertion Order for the *Connecticut Bar Journal*

Date: _____

Company (Advertiser)

Advertising Agency (if applicable)

Contact Person

Contact Person

Address

Address

City State Zip

City State Zip

Phone

Phone

Fax

Fax

E-mail

E-mail

Title of Advertisement _____

- New Art Ad Enclosed Ad to Come Pick Up As Is
(E-mail artwork to advertise@ctbar.org.)

Special Instructions _____

Authorized Signature _____

Issue(s) of insertion(s)

Volume _____ Number _____

Volume _____ Number _____

Volume _____ Number _____

Volume _____ Number _____

Frequency

- 1x 2x 3x 4x

Display Ads Only

Ad Size

- Full Full Bleed IFC IBC 1/2 1/4 Horizontal 1/4 Vertical

Insertion Order for the *Connecticut Bar Journal*

Terms and Conditions

Contract space must be used within one year from the first insertion. An advertiser or agency may cancel an order for advertising in writing only. If the advertiser or agency cancels, the advertiser will pay the publisher a short rate equal to the difference between the rate earned under the contract and the rate applicable to the actual frequency of publication.

The publisher reserves the right to repeat the last standing ad or to charge for space reserved if acceptable copy is not received by the deadline. The publisher reserves the right to refuse any advertising and shall not be liable for damages if for any reason an advertisement is not published. The publisher is not responsible for any errors in key numbers or other type set by the publisher.

Agency Commission: 15% of gross to recognized agencies if paid within 30 days of invoicing.

Preferred Position: (IFC, IBC, OBC) 20% premium—subject to availability. Preprinted Inserts:

Rates available upon request.

Ad Prep: Charges will be billed to advertiser at cost and are not commissionable.

Desktop publishing available at \$25/hour.

Terms: Net 30 days. Payment with order required of new advertisers.

Ad Rates: Advertising rates are for space only and are based on receipt of acceptable materials sized to our mechanical specifications. Alterations will be charged to the advertiser at cost.

Method of Payment

Visa Mastercard Amex Check

Card # _____

Exp. Date _____

Billing Address _____

Billing Zip Code _____

Signature _____

Rate Per Insertion* _____

For display ad only

Less: _____

15% agency discount

Total Amount Due: _____

Mail

Connecticut Bar Association
30 Bank Street
PO Box 350
New Britain, CT 06050-0350
Att: Advertising Department

Phone

(860)612-2035

Fax

(860)223-0538

Online

Visit www.ctbar.org
E-mail: advertise@ctbar.org

*See Advertising Rate Sheet for pricing.

