



2008

Business: \_\_\_\_\_
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax: \_\_\_\_\_
Web: \_\_\_\_\_ E-mail: \_\_\_\_\_

Advertising Contract

Fax Signed Contract to: (202)331-8166

E-mail: advertising@coopamerica.org

Print Ad sizes and rates

Table with columns: Issue, ART DUE, 1/12 PAGE, 1/6 PAGE, 1/3 PAGE, 1/2 PAGE, FULL PAGE, POSTCARD, BACK COVER, INSIDE COVERS, TOTAL. Includes '2009 National Green Pages' row.

Table for 'Co-op America Quarterly' with columns for Summer, Fall, and Spring issues and their respective rates.

Table for 'Real Money' with columns for various months (May/June 08 to May/June 09) and their rates.

Table for '2009 Financial Planning Handbook' with columns for Annual (Jan) and rates.

Table for 'Co-op America's Guide to Ending Sweatshops\*' with columns for Bi-Annual (May) and rates.

Online & E-mail opportunities and rates

Table for 'Online Gift Guides' with columns for Spring, Fall, Holiday, Valentine's Day, All and their rates.

Table for 'Online Upgrades and Ads' with columns for 6 months and 12 months durations and their rates.

Table for 'E-mail Newsletter\*' with columns for 3, 6, 12, and 24 issues and their rates.

CO-OP AMERICA PROMISE
On behalf of Co-op America, I agree to run the advertising described above in our publications and/or Web sites.
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

10% DISCOUNT for 2 print insertions
15% DISCOUNT for 3 or more print insertions (available on Print Products only)
GROSS TOTAL \$ \_\_\_\_\_
DISCOUNTS \$ \_\_\_\_\_

Total amount due for all advertising selected: \$ \_\_\_\_\_

ADVERTISER PROMISE
On behalf of the advertiser/agency listed above I request Co-op America run the advertising listed above for the price indicated (i.e. Net Total Due) in the Co-op America publications I've selected. I agree to supply all necessary materials no later than the deadlines, and to pay according to the terms listed above. I will accept as full payment for any claims against Co-op America an amount equal to but no more than the Net Total Due, and waive any other claims for direct, indirect, or consequential damages.
NAME \_\_\_\_\_
DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PAYMENT OPTIONS
\$ \_\_\_\_\_ Pre-payment (due with insertion order)
\$ \_\_\_\_\_ Credit Card payment
Card # \_\_\_\_\_ Exp. date \_\_\_\_\_
Signature \_\_\_\_\_ Name \_\_\_\_\_
Bill me for payment net 30 days after receipt of each invoice.

Call Chip Py at (202)872-5315 with any questions