



2010 ADVERTISEMENT FORM

The Columbus Landscape Association offers three opportunities for member firms to promote their businesses. If you are interested in placing an advertisement in our newsletter, *NewScapes Express*, in our member directory or on our website, please complete and return the form below.

NEWSCAPES EXPRESS Published 11 times each year. Prices are per ad. Please circle your selection.

Size	1X	6X	11X
Full Page	\$60	\$50	\$40
½ Page	\$45	\$35	\$25
¼ Page	\$30	\$20	\$15
Business Card	\$25	\$15	\$10

Please run my ad in the following publication dates:

- | | | | |
|--|--------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> All Eleven Issues | <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September |
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |

MEMBER DIRECTORY. Provided to all members. To be released early 2010. Please circle your selection.

Full Page	1/2 Page	1/4 Page
\$350	\$225	\$130

CLA WEBSITE. Market your firm on our website, www.columbuslandscape.org. Your logo in full color, prominently displayed on our sponsor page, with your firm's contact information and a link to your website. Proceeds benefit the CLA Scholarship Fund. Your ad runs thru 12/31/2010. Please circle your selection.

<u>Renewal (Current Sponsors Only):</u> \$50	<u>New Sponsors:</u> \$200
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PLEASE COMPLETE THE INFORMATION BELOW:

COMPANY NAME: _____

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS (REQUIRED): _____

TOTAL AMOUNT DUE (NEWSCAPES, DIRECTORY & WEBSITE ADS): \$ _____

- My check or money order is enclosed, made payable to **Columbus Landscape Association**
- Please bill my credit card for the total due. Name on Card: _____
- Visa/MC Number: _____ Exp. Date: _____
- Signature (Required): _____

Please mail your completed form and payment to:
 Columbus Landscape Association, P O Box 963, Columbus, Ohio 43216
 P: 888-850-5951 F: 888-850-8859 E: info@columbuslandscape.org