



### TECHNICAL PAGES

<input type="checkbox"/> Yearly	\$2,500
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### DIRECTORY ENHANCEMENT/ FEATURED MEMBER

<input type="checkbox"/> Yearly	\$200
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### HOT LINKS

<input type="checkbox"/> Yearly	\$150
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### BANNER ADS

#### SUBPAGES (ALL) - RIGHT RAIL

##### Button/Half Banner (220 X 60)

<input type="checkbox"/> Monthly	\$150
<input type="checkbox"/> Quarterly	\$400
<input type="checkbox"/> Yearly	\$1,000

##### Square (220 x 220)

<input type="checkbox"/> Monthly	\$325
<input type="checkbox"/> Quarterly	\$900
<input type="checkbox"/> Yearly	\$2,750

#### FIND A PROFESSIONAL

##### Footer (700 x 90)

<input type="checkbox"/> Monthly	\$250
<input type="checkbox"/> Quarterly	\$800
<input type="checkbox"/> Yearly	\$2,500

#### TECHNICAL INFO

##### Footer (700 x 90)

<input type="checkbox"/> Monthly	\$250
<input type="checkbox"/> Quarterly	\$800
<input type="checkbox"/> Yearly	\$2,500

#### START-UP CARDS

##### Footer (700 x 90)

<input type="checkbox"/> Monthly	\$250
<input type="checkbox"/> Quarterly	\$800
<input type="checkbox"/> Yearly	\$2,500

### Please complete all of the following information:

NPC Member Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Website URL \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Alternate Contact Info (if applicable)

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Payment Options:

Check (Payable to: NPC, 1000 N. Rand Road, Suite 214, Wauconda, IL 60084)

Invoice Me

Credit card:     AMEX     VISA     MASTERCARD

Cardholder Name: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to the following **secure fax line: 847.526.3993** NOTE: To meet PCI Compliance, all credit card information should be sent by fax or mail to our payment center. Any credit cards sent via email will not be processed and automatically deleted. For your protection the below section will be destroyed after processing.

C.C. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

#### RETURN THIS FORM TO:

**National Plasterers Council**  
1000 N. Rand Rd., Suite 214  
Wauconda, IL 60084

**Phone: 847.416.7272**

**Secure Fax: 847.526.3993**

**Email: [mail@npconline.org](mailto:mail@npconline.org)**

#### Ad positions

Ad position is at the sole discretion of NPC except when a specific position is purchased. Position requests are honored on a first-come, first-served basis. Previous advertisers have right of first refusal.

#### Electronic artwork

Document size of ad should be the same as the desired final size.

#### File Submission

Files can be submitted on CD-ROM, DVD or sent electronically. Compressed files may also be emailed to: [mail@npconline.org](mailto:mail@npconline.org).

#### Questions about ad submission?

Contact Mila Pandzic at [mpandzic@tso.net](mailto:mpandzic@tso.net)