

Retail Nurseries & Garden Centers Guide

2016 DISPLAY AD INSERTION ORDER

ADVERTISER _____ CONTACT _____
 AGENCY (IF APPLICABLE) _____ CONTACT _____
 BILLING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____ EMAIL _____
 AUTHORIZED SIGNATURE _____ DATE _____

DUE DATE
 Ad reservations
 and ad materials
 are due Friday,
 Dec. 11, 2015

SELECT YOUR AD (Please check size and circle amount)

	MEASUREMENTS		AD RATES	
	WIDTH	HEIGHT	OAN MEMBER	NON-MEMBER
<input type="checkbox"/> Business Card	3.5"	2.25"	\$450	\$550
<input type="checkbox"/> Business Card <small>*premium location</small>	3.5"	2.25"	500	600
<input type="checkbox"/> Double Business Card	3.5"	4.5"	625	750
<input type="checkbox"/> Double Business Card <small>*premium location</small>	3.5"	4.5"	700	825
<input type="checkbox"/> Full Panel Ad	3.5"	7"	1,050	1,275
<input type="checkbox"/> Full Panel Ad <small>*premium location</small>	3.5"	7"	1,250	1,500
<input type="checkbox"/> Horizontal Premium Ad	7.25"	4.5"	1,550	members only
<input type="checkbox"/> Back Panel Ad	3.5"	7"	1,990	members only

TERMS: *All rates net. No spaces confirmed until ad is paid.*

PLACEMENT REQUEST — Every effort will be made to position the ad as requested; however, we cannot guarantee placement unless a premium position has been paid for.

Preferred Ad Position: _____
 Other comments: _____

AD MATERIALS

Ads should be submitted in CMYK color at high resolution (300 dots per inch) in a PDF, EPS, or Photoshop TIF file. All fonts should be embedded. Files not meeting specs will be converted at advertiser's expense. If it will be necessary for OAN to alter or change the ad, please submit the original native file in Adobe InDesign or Adobe Illustrator (any version).

Please check the box below that best reflects the ad to be placed.

- RUN AS SUBMITTED**
- REPEAT LAST YEAR'S AD**
- ALTER SUBMITTED AD**
include copy changes. Production charges apply.
- COMPOSE NEW AD**
Provide or describe desired copy and images. Production charges apply.

SUBMIT ADS

Email ads to ads@oan.org.
 Large files can be sent via
www.WeTransfer.com or
www.DropSend.com.
 Use ads@oan.org as the recipient.

PAYMENT

Amount paid: \$ _____ Check Enclosed Bill My Credit/Debit Card
 Visa/MC/Debit # _____ | _____ | _____ | _____ Exp. Date ____ | ____
Please note: Visa/MasterCard and debit cards only. We cannot accept American Express. Security Code ____
 Cardholder Name _____
 Signature _____

FAX COMPLETED, SIGNED FORM TO 503-682-5727

Authorized Signature: _____ Date: _____



OREGON
 ASSOCIATION OF
 NURSERIES™

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