

# Retail Nurseries & Garden Centers Guide

## 2019 ADVERTISING INSERTION ORDER

ADVERTISER \_\_\_\_\_ CONTACT \_\_\_\_\_  
 AGENCY (IF APPLICABLE) \_\_\_\_\_ CONTACT \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DUE DATE**  
 Ad reservations  
 and ad materials  
 are due  
 December 17,  
 2018

### SELECT YOUR AD (Please check size and circle amount)

	MEASUREMENTS		AD RATES	
	WIDTH	HEIGHT	OAN MEMBER	NON-MEMBER
<input type="checkbox"/> <b>Business card</b>	3.5"	2.25"	\$400	\$533
<input type="checkbox"/> <b>Business card</b> *premium location	3.5"	2.25"	450	600
<input type="checkbox"/> <b>Double business card</b>	3.5"	4.5"	600	800
<input type="checkbox"/> <b>Double business card</b> *premium location	3.5"	4.5"	650	867
<input type="checkbox"/> <b>Full panel ad</b>	3.5"	7"	1,000	1,333
<input type="checkbox"/> <b>Full panel ad</b> *premium location	3.5"	7"	1,150	1,533
<input type="checkbox"/> <b>Horizontal premium ad</b>	7.25"	4.5"	1,300	members only
<input type="checkbox"/> <b>Back panel ad</b>	3.5"	7"	1,750	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 placement: \_\_\_\_\_

Other comments: \_\_\_\_\_

### 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 \_\_\_\_\_

### 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. 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
- COMPOSE NEW AD  
Provide or describe desired copy and images.

### SUBMIT ADS

Email ads to [ads@oan.org](mailto:ads@oan.org).  
 Large files can be sent via  
[www.WeTransfer.com](http://www.WeTransfer.com) or  
[www.DropSend.com](http://www.DropSend.com).  
 Use [ads@oan.org](mailto:ads@oan.org) as the recipient.

**FAX COMPLETED, SIGNED FORM TO 503-682-5727**

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



OREGON  
 ASSOCIATION OF  
 NURSERIES™

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 29751 S.W. Town Center Loop West, Wilsonville, OR 97070  
 503.682.5089 | 1.888.283.7219 | FAX 503.682.5727