

ORDER FORM & INVOICE

2018-2019 ADDISON COUNTY VISITOR GUIDE

DEADLINE APRIL 30, 2018

NAME _____

COMPANY _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____

EMAIL _____

WEB _____

LAYOUT INSTRUCTIONS

NOTE: New or revised text listing copy and PDF display ads must be provided by **April 30**.

Use Last Year's Display Ad & Text Listing

Revise Display Ad? Yes No

Revise Text Listing? Yes No

New Display Ad & Text Listing

AD PRODUCED BY

Client Resort Guides

CATEGORY PLACEMENT

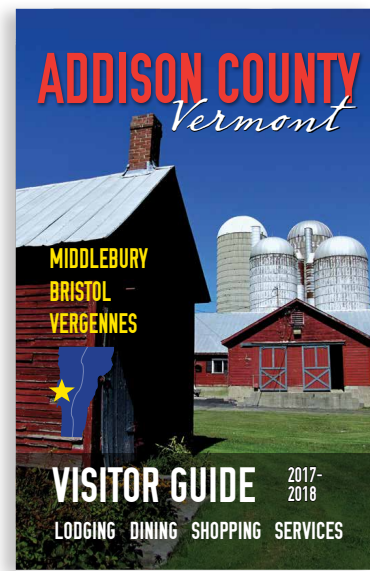
- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Dining | <input type="checkbox"/> Attractions |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Goods & Services |



resortguides.us

addisoncounty.com

PO Box 557 Waitsfield, VT 05673
 Phone: 802-496-5443 • Fax: 802-329-2133
 june@addisoncounty.com



| # | AD SIZE | RATE * | AMOUNT |
|---|---------------------------------------|--------|--------|
| | 10-Word Listing | \$195 | |
| | 25-Word Listing | \$265 | |
| | 1/6 page ad includes 25 word listing | \$345 | |
| | 1/3 page ad includes 25 word listing | \$625 | |
| | 2/3 page ad includes 25 word listing | \$995 | |
| | Full Page includes 50 word listing | \$1495 | |
| | Inside Cover includes 50 word listing | \$1995 | |
| Subtotal: | | | |
| DISCOUNTS APPLY FOR ACCOC MEMBERSHIP ESSENTIAL 5% CLASSIC 10% PARTNER 15% CHAIRMAN 20% BENEFACTOR 25% | | | |
| Due with Order by April 30: | | | |

| | | | | | | | |
|----------------------------|--|--------------|------------------|------------------|--|--|--------------|
| SELECT PAYMENT TYPE | <input type="checkbox"/> Check: # _____ Date: _____ Amt: \$ _____ Please make checks payable to Resort Guides. | | | | | | |
| | <input type="checkbox"/> Credit Card* Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX *Payment via credit card is free for orders up to \$345.00. Credit Card payment for orders over \$345.00 are subject to a 1.5% service charge. | | | | | | |
| | <table border="1" style="width: 100%;"> <tr> <td>Expiration</td> <td>CWV Code</td> <td>Billing Zip Code</td> </tr> <tr> <td></td> <td></td> <td>Name on Card</td> </tr> </table> | Expiration | CWV Code | Billing Zip Code | | | Name on Card |
| | Expiration | CWV Code | Billing Zip Code | | | | |
| | | Name on Card | | | | | |
| SIGNATURE _____ DATE _____ | | | | | | | |

Thank You!

| For Office Use Only | |
|--|--|
| <input type="checkbox"/> Contact Info Updates | <input type="checkbox"/> NC Ad/Listing |
| <input type="checkbox"/> Payment/CC Processed: _____ (date/initials) | |
| Other Notes: | |