



# 2023 AGC NYS Cornerstone Magazine Advertising

Email this insertion order form to: [bmilos@agcnys.org](mailto:bmilos@agcnys.org)



Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Fax: \_\_\_\_\_

Contact name and email: \_\_\_\_\_

Check off below & circle selections to right	Ad Size	One time order (B&W)	Two issues (B&W)	Four issues (B&W)	Add One Color (per issue)	Add Full Color (per issue)	Non-Members add 10%	TOTAL
	Full Page 8.5" x 11" .125-inch bleed	\$675	\$625 ea.	\$575 ea.	\$275 ea.	\$575 ea.	Non-Members add 10%	
	Half Page 7" wide x 4.5" height	\$475	\$395 ea.	\$350 ea.	\$275 ea.	\$575 ea.	Non-Members add 10%	
	Quarter Page 7" x 2.5" OR 3.25" x 4.5"	\$275	\$225 ea.	\$175 ea.	\$275 ea.	\$575 ea.	Non-Members add 10%	
	Eighth Page 3.5" x 2.5"	\$175	\$150 ea.	\$125 ea.	\$275 ea.	\$575 ea.	Non-Members add 10%	

**FULL COLOR INCLUDED WITH THE PURCHASES BELOW - COVERS MUST BE PURCHASED FOR ALL FOUR ISSUES**

<b>SOLD</b>	Back Cover 7" x 9.5" (Full bleed 8.75" x 11.25")	\$1750	\$1700 ea.	\$1650 ea.	Included	Included	Non-Members add 10%	<b>SOLD</b>
<b>SOLD</b>	Inside Front Cover 7" x 9.5" (Full bleed 8.75" x 11.25")	\$1500	\$1450 ea.	\$1400 ea.	Included	Included	Non-Members add 10%	<b>SOLD</b>
<b>SOLD</b>	Inside Back Cover 7" x 9.5" (Full bleed 8.75" x 11.25")	\$1500	\$1450 ea.	\$1400 ea.	Included	Included	Non-Members add 10%	<b>SOLD</b>

Select	Please insert the ad in the following issues:	Choose:
	Spring Issue Ad is due : Friday, February 17	<b>AD COPY:</b> <input type="checkbox"/> Same as last year <input type="checkbox"/> New Ad to follow
	Summer Issue Ad is due : Friday, May 26	
	Fall Issue Ad is due: Friday, July 28	
	Winter Issue Ad is due: Friday, November 3	

Preferred file formats: High-Resolution JPEG (at least 300 PPI) and PDF (High Res) files preferred.

**Would you like to be invoiced on a quarterly basis for your ad?**

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO, I will be sending a check, or please charge my credit card**

Date

Advertiser's authorized signature and title

**Ad copy can be emailed to:**

**Brooke Milos, Director of Communications at [bmilos@agcnys.org](mailto:bmilos@agcnys.org)**

For more information please call: Brooke Milos (518) 456-1134

AGC NYS, 10 Airline Drive, Suite 203, Albany, NY 12205



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**If you would like to pay via credit card, please fill out the information below.**

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

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: Street Number \_\_\_\_\_ and zip code: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Total Charge Amount: \$ \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

**Thank you for your support of AGC NYS!**