



2024 AGC NYS Cornerstone Magazine Advertising

Email this insertion order form to: 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

SOLD	Back Cover 7" x 9.5" (Full bleed 8.75" x 11.25")	\$1750	\$1700 ea.	\$1650 ea.	Included	Included	Non-Members add 10%	SOLD
SOLD	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%	SOLD
	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%	

Select	Please insert the ad in the following issues:		Choose:
	Spring Issue	Ad is due : Friday, February 2	AD COPY: ____ Same as last year ____ New Ad to follow
	Summer Issue	Ad is due : Friday, June 14	
	Fall Issue	Ad is due: Friday, August 30	
	Winter Issue	Ad is due: Friday, November 15	

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

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!