



2024 AGC NYS App Ad Order Form

Email this insertion order form to: bmilos@agcnys.org or fax to: (518) 456-1198



Company Name: _____

Address: _____

Phone & Fax: _____

Contact Name and E-mail: _____

Introductory rates for a 6 month subscription:

Members: \$900

Non-Members: \$1,135

_____ **Yes, I am a Member of AGC NYS and would like to advertise on the app at the discounted rate.**

_____ **No, I am not a Member of AGC NYS but would like to advertise on the app at the non-member rate**

Total Purchase: \$ _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: Street Number _____ and zip code: _____

Authorization Signature: _____

Total Charge Amount: \$ _____

Email Address for Receipt: _____

Specifications and Size:

Ads for iOS Products Must Be: 768 x 400 JPEG or PNG

Ads for Andorid Products Must Be: 720 x 960 JPEG or PNG

Date

Advertisers Authorized Signature and Title

Ad Copy can be e-mailed 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

