DAYTON BAR BRIEFS
Dayton Bar Association's Official Publication
600 Performance Place, 109 N. Main St., Dayton, OH 45402-1129
937.222-7902 FAX: 937.222-1308
sharris@daybar.org • www.daybar.org

Date: _____

Advertising Agreement

The undersigned hereby applies for and requests an advertisement to be placed in the *DAYTON BAR BRIEFS,* official publication of the Dayton Bar Association, on the following terms and conditions:

Page Options		Two Column Options		Single Column Options	
☐ **Inside Front Cover** [7.5"x9.75"]	**$700**	☐ **One-Half** [5"x4.75"]	**$225**	☐ **One-Half** [2.25"x4.75"]	**$125**
☐ **Full Pg.** [7.5"x9.75"]	**$600**	☐ **One-Third** [5"x3"]	**$175**	☐ **One-Third** [2.25"x3"]	**$100**
☐ **Half Pg.** [7.5"x4.75"]	**$325**	☐ **One-Fourth** [5"x2.25"]	**$125**	☐ **One-Fourth** [2.25"x2.25"]	**$75**
☐ **One-Third Pg.** [7.5"x3"]	**$225**				
☐ **One-Fourth Pg.** [7.5"x2.25"]	**$175**				

The "What a Bright Idea" New Advertiser Special applies to the following issues:
May08 June08 Summer08 (July/August) September08

Please submit your camera ready ad as a high resolution grayscale pdf or tiff to sharris@daybar.org

"WHAT A BRIGHT IDEA OFFER": Payment options: (1) Commit to three ads and receive the fourth free! (2) Commit to four ads and receive a 25% discount on each placement. You have the option of using the same advertisement each month or providing new copy. **The deadline is the 5th of the month prior to the month of publication.**

ADS MUST CONFORM TO THE SIZES DEFINED ABOVE
Publication Rights: The Dayton Bar Association reserves the right to refuse, place or edit all advertisements

We request payment prior to publication

The fee to be paid to the Dayton Bar Association for said advertisement in *Dayton Bar Briefs*, in accordance with above advertising rates, will be:

Rate Per Issue: $_____

With Discount: $_____
25% off each of four ads OR
the fourth placement is free

TOTAL DUE: $_____

Method of payment:
☐ Check Enclosed Check # _____

☐ Charge my: **VISA MC AMEX DISCOVER** ☐ Date: ____ / ____
(CIRCLE ONE) (MONTH / YEAR)

Payment Amount: $_____

Signature: _____
(AS SHOWN ON CREDIT CARD)

Advertiser's Signature _____

Name of Company _____ Phone: _____

Address _____ Fax: _____

City / State / Zip _____

Authorized Representative of the Dayton Bar Association _____