



Limbs & Needles

PO Box 1937

Boone, NC 28607

info@ncchristmastrees.com

828-262-5826

FAX: 828-265-1558

<u>Size</u>	<u>Dimensions (W X H)</u>	<u>One Time</u>	<u>Three Times</u>
Back Cover	7 ½ X 7 ¾	\$600	\$540
Full Page			
Inside Covers	7 ½ X 9 ¾	\$475	\$420
Page 1	same	\$430	\$390
On other pages	7 ½ X 9 ¾	\$325	\$300
Half Page			
Inside Cover	H – 7 ½ X 4 3/8	\$260	\$230
Inside Cover	V – 3 ¾ X 9 ¾	\$260	\$230
On other pages	H or V	\$195	\$160
2/3 Page	4 7/8 X 9 ¾	\$235	\$190
1/3 Page			
H - 7 ½ X 3 ¼		\$135	\$115
V - 2 3/8 X 9 ¾		\$135	\$115
¼ Page			
H - 7 ½ X 2 ½		\$95	\$85
V - 3 ¾ X 4 3/8		\$95	\$85
1/6 Page			
H - 3 ¾ X 3 ¼		\$65	\$55
V - 2 3/8 X 4 3/8		\$65	\$55

To qualify for the **three times** rate, advertiser must agree to three consecutive ads of same size.

If NCCTA has to make the ad or change an existing ad, fees of \$50 per hour apply with a minimum of \$15.

<u>DEADLINES</u>		
Spring		January 20
Summer		April 20
Fall		July 20
Winter		October 20

EFFECTIVE Date September, 2007

Limbs & Needles
Insertion Order and Contract



P.O. Box 1937 Boone, N.C. 28607
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info@ncchristmastrees.com www.NCchristmastrees.com

Order Date _____

Contact Name _____

Company Name _____

Advertising Agency Name _____

Billing Address _____

City, State, Zip _____

Phone _____

FAX _____

Issue(s) / Year

Spring ____ / ____ Summer ____ / ____ Fall ____ / ____ Winter ____ / ____

Ad Size _____ Full Color _____ Black & White _____

Copy Enclosed? yes ____ no ____ Copy e-mailed? Yes ____ no ____

Print Ready? yes ____ no ____

Set up needed? yes ____ no ____ Additional fees apply (See Rate Card)

Amount to be billed per issue \$ _____ (you will be invoiced after publication)

OR Amount enclosed \$ _____ Check # _____

Authorized by _____

Please acknowledge receipt and acceptance of this contract by

1) signing on authorization line and

2) returning to : Limbs and Needles, P.O. Box 1937, Boone, N.C. 28607.

Signed form is required for confirmation. Please photocopy completed form for your records.

THANK YOU