



# CONTACT MAGAZINE BOOKING FORM

**Member Status:**    Member ☐                      Non-Member ☐

Company name: \_\_\_\_\_

\_\_\_\_\_

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

Telephone# \_\_\_\_\_

Name of key contact: \_\_\_\_\_

Email of key contact: \_\_\_\_\_

### ADVERTISING RATES

Rates are quoted in TT\$ (VAT exclusive) for full colour ads. Number of insertions and rates per issue.

### Kindly Circle Your Booking Preference

**Select (X)    Position**

- ☐ Outside Back Cover (OBC)
- ☐ Inside Front Cover (IFC)
- ☐ Inside Back Cover (IBC)
- ☐ Full Page (FP)
- ☐ Half Page
- ☐ Quarter-page
- ☐ Strip
- ☐ Advertorial (Full Page)\*

**Issue 1**

- \$12,000
- \$10,000
- \$ 9,000
- \$ 7,500
- \$ 4,500
- \$ 2,500
- \$ 2,500
- \* \$ 8,500

**Issue 2**

- \$10,500
- \$ 9,000
- \$ 8,500
- \$ 7,000
- \$ 4,000
- \$ 2,000
- \$ 2,000
- \$ 8,000

ENTITLEMENT	OBC	IFC	IBC	FP
1 Advertisement - TTCIC Facebook Channel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 Advertisement - TTCIC Instagram Channel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1 Advertisement - TTCIC Member Value-Added (MVA) e-Newsletter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
1 Exposure - TTCIC LinkedIn Channel	<input checked="" type="checkbox"/>			

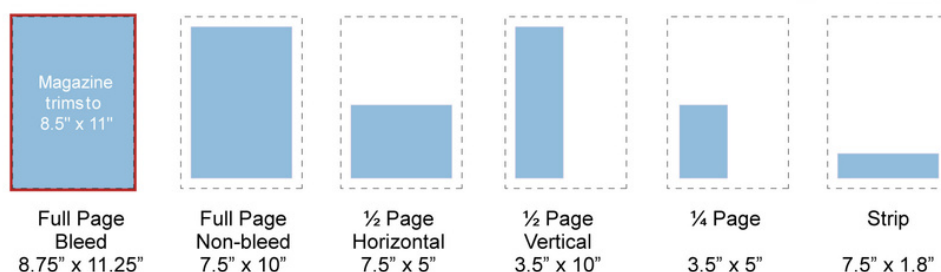
\*Only 2 pages per issue.



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## PUBLISHING DATES

Issue	Booking Deadline	Artwork Deadline
31 <sup>st</sup> May 2024	1 <sup>st</sup> April 2024	12 <sup>th</sup> April 2024
31 <sup>st</sup> October 2024	2 <sup>nd</sup> September 2024	13 <sup>th</sup> September 2024



## ARTWORK TO BE SUPPLIED AS

- Press quality PDF file or high quality JPEG
- All fonts outlined or embedded
- CMYK colour space, 300 ppi resolution
- Bleed specs set to 0.125 in on all sides
- All important matter must be within 0.5 in from trim on all sides

Contact [Imaynard@chamber.org.tt](mailto:Imaynard@chamber.org.tt) or at (868) 637-6966 to discuss the edition and discount possibilities.

Issue Invoice to:

Same as above    Yes ☐    No ☐    (If no, please complete below)

Company Name:

Address:

**For timely processing please, indicate to whom invoices should be submitted:**

Attention:

Email:

Telephone:

Name of person completing form:

Date:

Please state any additional comments if any or special requirements below: