

CONTACT MAGAZINE BOOKING FORM

Member Status:

Member

Non-Member

Company name:

Address:

Telephone#

Name of key contact:

Email of key contact:

Kindly Circle Your Booking Preference

ADVERTISING RATES

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

Position	1 Issue	2 Issues	3 Issues
Outside Back Cover (OBC)	\$12,000	\$10,500	\$9,000
Inside Front Cover (IFC)	\$10,000	\$9,000	\$8,000
Inside Back Cover (IBC)	\$9,000	\$8,500	\$8,000
Full Page (FP)	\$7,500	\$7,000	\$6,500
Half Page	\$4,500	\$4,000	\$3,500
Quarter-page	\$2,500	\$2,000	\$1,500
Strip	\$2,500	\$2,000	\$1,500
Advertorial (Full Page)*	\$8,500	\$8,000	\$7,500

*Only 2 pages per issue.

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"/>			

Publication Issues	Publication Date	Ad Booking Deadline	Artwork Deadline
CONTACT - CSME	30th July 2025	15th May 2025	30th May 2025
T&T Chamber Members Directory	30th July 2025	15th May 2025	30th May 2025
CONTACT -Champions of Business 20th Anniversary Edition	30th November 2025	30th September 2025	30th October 2025

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



communications@chamber.org.tt or at (868) 637–6966 ext.1323 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: