

## Black & White Advertising Rates

Ad Size Dimension	COST PER AD			
	1 X	3 X	6 X	12X
Full Page 10"x 12 1/4"	\$895	\$795	\$715	\$615
Half Page Vertical 5" x 12 1/4" Horizontal 10" x 6"	\$595	\$545	\$495	\$395
Quarter Page 5" x 5 3/4"	\$370	\$345	\$315	\$270
Eighth Page Vertical 2 1/2" x 5 3/4" Horizontal 5" x 2 3/4"	\$240	\$215	\$195	\$170

**Color Ad Rates are an additional cost. See opposite column.**

**Artwork Deadline For November Issue is Fri., Oct. 23rd**

Submit By E-mail To: [submissions@centralfloridajournal.com](mailto:submissions@centralfloridajournal.com) Or

Mail To: Central Florida Journal, PO BOX 4083, Apopka, FL 32704

Fax To: 407-464-9199

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Central Florida Journal

### Ad Requirements

**ADD COLOR!**

*There is an additional charge for color.*

**FULL PAGE** Color Ads are \$100 extra.

**HALF PAGE** Color Ads are \$75 extra.

**QUARTER PAGE** Color Ads are \$50 extra.

**EIGHTH PAGE** Color Ads are \$30 extra.

**ARTWORK** must be submitted on or before the scheduled deadline. Artwork must be provided camera-ready, via e-mail or on CD. Acceptable formats are PDF, TIFF or JPEG. PDF files must have all fonts embedded.

**All colors must be CMYK or Gray Scale. No RGB color artwork.**

All files are to have a final resolution of 300 dpi.

**Distribution Totals 30,000 - 28,000+ Mailed**

*Need an Ad created? We will design your ad for \$70.*

Payments can be made in the form of check or money order payable to: **Central Florida Journal**. We accept Credit card payments of VISA, MasterCard, American Express and Discover.

Sign me up for:  1 ad  3 Ads  6 Ads  12 ads

Ad Size:  Full  Half  Quarter  Eighth

Check One:  B&W  Color

I will supply a camera ready ad  I need an ad designed (\$70)

**After the ad contract is complete, the contract will automatically be renewed unless otherwise notified.**

Payment Method:  Check or Money Order  Amount Due: \$ \_\_\_\_\_

Please automatically deduct my credit card each month. \_\_\_\_\_ (initials)

Credit Card:  Visa  MC  Discover  AmEX

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Account Holder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Questions?

**Call:**  
**(407) 376 - 9500**