

SOUVENIR PROGRAM BOOKLET ADVERTISEMENT FORM

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ ZIP+4: _____

Contact Phone #: _____ Email: _____

AD PRICE NAPS	MEMBERS	NON MEMBERS	<small>FIRST RIGHT OF REFUSAL</small>
OUTSIDE BACK COVER	\$225.00	\$250.00	BCBS
INSIDE FRONT COVER	\$200.00	\$225.00	TPCU
INSIDE BACK COVER	\$200.00	\$225.00	CARLSON
FULL PAGE	\$150.00	\$175.00	
HALF PAGE	\$75.00	\$100.00	
QUARTER PAGE	\$50.00	\$ 60.00	
BUSINESS CARD	\$25.00	\$ 40.00	
TOTAL AMOUNT ENCLOSED: \$ _____			

PAYMENT: Make checks payable to: NAPS FL State Branch

Acceptable forms of payment: Check or Money Order

AD DEADLINE: ALL ADS WITH PAYMENT IN FULL ARE DUE NO LATER THAN May 10, 2017

Please enclose a camera ready or Microsoft word format, ad along with this registration form. If you do not have an ad design, provide the necessary information and we will design a generic ad for you. Please proof read your contents for accuracy; NAPS does not guarantee your ad spelling and content. Send electronic files via email to: naps911@fnaps.org

Send payment to the address below. Electronic files will not be returned.

Mail completed form & payment to: NAPS State Branch
 1883 Brae Moor Dr
 Dunedin FL 34698-3208

Questions please contact Ken Ruckart, State Secretary Treasurer 727-243-1974 naps911@fnaps.org