



clippings &



2012 CLIPPINGS Ad Information & AGREEMENT

Clippings & Green World is NJTA's quarterly newsletter publication. It is mailed each Winter, Spring, Summer and Fall. This full-color publication has received rave reviews from our members because of its relevant and rich content and layout. Our present circulation is 900 per issue and reaches every integer of the turfgrass industry. Your ad is included in all 4 issues for the year. Contact us if you wish to change your ad for a new issue.

- **1/8 Page (Business Card)** \$ **700.00** **Size: 3.6" W x 2.1875" H**
Complimentary 1/8 page Ad for 4 issues included as Premier Sponsor of Rutgers Turfgrass Research Golf Classic.
- **1/4 Page** \$ **1100.00** **Size: 3.6" W x 4.625" H**
- **1/2 Page** \$ **1900.00** **Size: 7.5" W x 4.625" H**
- **Full Page** \$ **3300.00** **Size: 7.5" W x 9.875" H**
- **PATRON Listing** \$ **125.00** *Complimentary Patron Listing included with Full Page Ad.*

2012 AD SCHEDULE: Winter - February; Spring - April; Summer - June; Fall - December
 Artwork copy and articles are due in our office by: **February 20** (Winter); **April 10** (Spring);
June 10 (Summer); and **December 30** (Fall). This schedule promotes and highlights NJTA's annual events.
 Please complete and mail or fax to the NJTA office. Fax (973) 812-6529 Email: execdirector@njturfgrass.org

SELECT AD SIZES: (See Rates Above):

- 1/8 Page 1/4 Page 1/2 Page Full Page PATRON Listing

TOTAL DUE: \$ _____

Company: _____
 Contact Name: _____
 E-mail: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Products/Services (for Patron Listing) _____

Artwork Specifications:
 TIF, EPS, or PDF files By Email or on CD
 Multi or Full Color - Resolution 300 DPI

Make Check Payable To:
 New Jersey Turfgrass Association

Mail Check & Ad To:
 NJTA Clippings
 25 US Highway 46 West
 Wayne, NJ 07470-6801

For Information Call:
 Ph: (973) 812-6467
 Fx: (973) 812-6529
 Email: execdirector@njturfgrass.org

Payment Information: **TOTAL ENCLOSED: \$** _____

Check VISA MasterCard AMEX Send Invoice

Credit Card #: _____

3 Digit Security Code: _____ Exp. Date: _____

Cardholder's Signature: _____

