



**NORTH CAROLINA WATERWORKS
OPERATORS ASSOCIATION**

**JANUARY 2017 – DECEMBER 2017
CORPORATE SPONSOR & DIRECTORY
ADVERTISEMENT ORDER FORM**

Return this authorization form with payment to NCWOA. We accept checks, money orders, & credit cards. No PO#'s. Cindy Gall, NCWOA Comptroller, PO Box 4519, Emerald Isle, NC 28594, Fax: 252-764-2095, Email: cindy@ncwoa.com For questions about the ad please contact Kathy Gatlin, Public Image Chair at 704-996-7825. Send Ads and Company Logos to: heather@ncwoa.com

This is authorization to publish advertisement in the 2017 NCWOA Directory. Payment is enclosed. The Directory will be published and distributed in the fall of 2017. **(All ads are in color)**. The deadline for receiving authorization and payment for **Directory and Corporate Package is November 30, 2016**. Please see below for ad submission specifications. Ad will be placed in Directory upon receiving confirmation of payment.

_____ **New ad** _____ **Keep 2016 Ad**

Name _____ Signature _____
 Title _____ Date _____
 Company _____ Web Address _____
 Phone # _____ Email _____
 Address _____ City _____ State _____ Zip _____

JANUARY 2017 – DECEMBER 2017 CORPORATE SPONSOR PACKAGES (Also complete page 2)

_____ **PLATINUM SPONSOR \$1,400.00** _____ **GOLD SPONSOR \$1,025.00** _____ **SILVER SPONSOR \$ 650.00**

Corporate Sponsors also wanting to purchase a cover ad in the Directory may do so at a discounted rate. Please mark the cover ad that you want in the "Directory Advertisement Only" section below and pay the correct additional fee listed directly below this line. Before sending in payment please call to check availability of cover ads.

Platinum & Gold Sponsors Directory Cover Ad Rates: Inside Back Cover or Inside Front Cover pay an additional \$125.00. Outside Back Cover pay an additional \$200.00.

Silver Sponsor Directory Cover Ad Rates: Inside Back Cover or Inside Front Cover pay an additional \$190.00. Outside Back Cover pay an additional \$265.00

DIRECTORY ADVERTISEMENT ONLY (Deadline is August 11, 2017)

AD SIZE RATES/YEAR
 _____ **FULL PAGE** **\$425.00**

_____ **HALF PAGE** **\$360.00**

Position: **Corporate Package Sponsors will have preferred position.**

Mechanical: Drawings, logos, and/or photographs made or revised by the publisher will be charged an extra fee for the time and materials involved. Glossy prints, artwork, photographs are to be furnished by the advertiser.

Ad Sizes: Full page ad: 7-1/2" H x 4-3/4" W Half page ad: 3-3/4" H x 4-3/4" W
 Inside front/back cover: 8-1/2"H x 5" W Outside back cover: 8-1/2" H x 5-1/4" W

Mac users: high-res **PDF**, **TIF**, or high-res **JPG** files only.

PC users: Ads may be submitted in high-res **PDF**, high-res **JPG** or a ***.TIF** saved for PC. Acceptable formats for images/logos: ***.PDF**, **.EPS** format (fonts must be outlined), ***.TIF** format. MS Word, PageMaker or InDesign (version 2 or earlier) files must have fonts and images sent separately, outside of the design file.

Other specs: All ads must be submitted in a format suitable for PC or MAC. Ads and/or Photos should be **300 dpi** (preferred) or higher.

Website Ad: File formatted as .png, .gif, or .jpg and no larger than 300px wide by 172px high, 72dpi

Credit Card Payment

CC: _____ Visa _____ MC _____ Discover _____ Am Ex
 Name on Card _____ Exp Date: Month _____ Year _____ CVC# _____
 CC# _____ Signature _____

Corporate Sponsor Package includes up to Five Memberships

**This will get you an Invitation to All Section Meetings
Please complete AT LEAST ONE of the sections below**

1. Employee Name: _____

Preferred MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone : (____) _____ Ext: _____ Fax: (____) _____

Email address: _____ Cell: (____) _____

2. Employee Name: _____

Preferred MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone : (____) _____ Ext: _____ Fax: (____) _____

Email address: _____ Cell: (____) _____

3. Employee Name: _____

Preferred MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone : (____) _____ Ext: _____ Fax: (____) _____

Email address: _____ Cell: (____) _____

4. Employee Name: _____

Preferred MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone : (____) _____ Ext: _____ Fax: (____) _____

Email address: _____ Cell: (____) _____

5. Employee Name: _____

Preferred MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone : (____) _____ Ext: _____ Fax: (____) _____

Email address: _____ Cell: (____) _____

If your Company does not have a representative in all Sections (which are displayed on our web site, www.ncwoa.com, on the Sections button), an invitation will be sent to the first representative listed on this page.