

# Retail Nurseries & Garden Centers Guide

2017 DISPLAY AD INSERTION ORDER

ADVERTISER \_\_\_\_\_ CONTACT \_\_\_\_\_  
 AGENCY (IF APPLICABLE) \_\_\_\_\_ CONTACT \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DUE DATE**  
 Ad reservations  
 and ad materials  
 are due **Friday,**  
**Dec. 16, 2016**

## SELECT YOUR AD (Please check size and circle amount)

	MEASUREMENTS		AD RATES	
	WIDTH	HEIGHT	OAN MEMBER	NON-MEMBER
<input type="checkbox"/> <b>Business Card</b>	3.5"	2.25"	\$400	\$533
<input type="checkbox"/> <b>Business Card</b> <small>*premium location</small>	3.5"	2.25"	450	600
<input type="checkbox"/> <b>Double Business Card</b>	3.5"	4.5"	600	800
<input type="checkbox"/> <b>Double Business Card</b> <small>*premium location</small>	3.5"	4.5"	650	867
<input type="checkbox"/> <b>Full Panel Ad</b>	3.5"	7"	1,000	1,333
<input type="checkbox"/> <b>Full Panel Ad</b> <small>*premium location</small>	3.5"	7"	1,150	1,533
<input type="checkbox"/> <b>Horizontal Premium Ad</b>	7.25"	4.5"	1,300	members only
<input type="checkbox"/> <b>Back Panel Ad</b>	3.5"	7"	1,750	members only

**TERMS:** *All rates net. No spaces confirmed until ad is paid.*

**PLACEMENT REQUEST** — Every effort will be made to position the ad as requested; however, we cannot guarantee placement unless a premium position has been paid for.

Preferred Ad Position: \_\_\_\_\_  
 Other comments: \_\_\_\_\_

## AD MATERIALS

Ads should be submitted in CMYK color at high resolution (300 dots per inch) in a PDF, EPS, or Photoshop TIF file. All fonts should be embedded. Files not meeting specs will be converted at advertiser's expense. If it will be necessary for OAN to alter or change the ad, please submit the original native file in Adobe InDesign or Adobe Illustrator (any version).

Please check the box below that best reflects the ad to be placed.

- RUN AS SUBMITTED**
- REPEAT LAST YEAR'S AD**
- ALTER SUBMITTED AD**  
include copy changes. Production charges apply.
- COMPOSE NEW AD**  
Provide or describe desired copy and images. Production charges apply.

## PAYMENT

Amount paid: \$ \_\_\_\_\_  Check Enclosed  Bill My Credit/Debit Card  
 Visa/MC/Debit # \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Exp. Date \_\_\_\_ | \_\_\_\_  
Please note: Visa/MasterCard and debit cards only. We cannot accept American Express. Security Code \_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Signature \_\_\_\_\_

## SUBMIT ADS

Email ads to [ads@oan.org](mailto:ads@oan.org).  
 Large files can be sent via  
[www.WeTransfer.com](http://www.WeTransfer.com) or  
[www.DropSend.com](http://www.DropSend.com).  
 Use [ads@oan.org](mailto:ads@oan.org) as the recipient.

**FAX COMPLETED, SIGNED FORM TO 503-682-5727**

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



OREGON  
 ASSOCIATION OF  
 NURSERIES™

[www.oan.org/ads](http://www.oan.org/ads) | [ads@oan.org](mailto:ads@oan.org)  
 29751 S.W. Town Center Loop West, Wilsonville, OR 97070  
 503.682.5089 | 1.888.283.7219 | FAX 503.682.5727