

# SCBA 2018-19 MEMBERSHIP DIRECTORY ADVERTISEMENT ORDER FORM



**South Carroll**  
BUSINESS ASSOCIATION



Please Note: You **MUST** be a current SCBA Member in order to advertise in our directory.

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

Main Contact Name: \_\_\_\_\_

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

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

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

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Directory Ad Purchase:** (ad sizes are shown on the opposite side of this form)

- |   |  |
|---|--|
| <input type="checkbox"/> Advertisement Size : | <del>SOLD</del> Full Page Outside Back Cover: \$300 (only 1 available) |
| ___ Full Page: \$175                          | ___ Full Page Inside Front Cover: \$250                                |
| ___ Half Page: \$100                          | ___ Half Page Inside Front Cover: \$150 (only 2 available*)            |
| ___ Business Card Size: \$60                  | <del>SOLD</del> Half Page Inside Back Cover: \$150 (only 2 available*) |

Cover ads are sold by a first-come, first-serve basis... please contact us for availability so we may reserve your space. \*Half pages are only available IF this space is not sold as a full page.

**Payment Information:**

**TOTAL: \$** \_\_\_\_\_

- My check is enclosed (payable to South Carroll Business Association)
- I would like to make my payment via credit card. (Visa, MC, Disc & AMEX)
- Credit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ (month/year)    Security Code: \_\_\_\_\_
- Billing Address: \_\_\_\_\_
- Name on Credit Card: \_\_\_\_\_

*Please mail this completed form with payment to:*

South Carroll Business Association — P.O. Box 1401 — Eldersburg, MD 21784

*For more information, please email us at [info@southcarroll.org](mailto:info@southcarroll.org)*



**South Carroll**  
BUSINESS ASSOCIATION

## **DIRECTORY ADVERTISEMENT SIZES**

**FULL PAGE — 7" x 4.5"**

**HALF PAGE — 3.5" x 4.5"**

**Business Card**  
**3.5" x 2"**