

Fair Directory Advertisement Order Form

www.cabookfair.com

Please reserve the following space for _____ in the 51st CABF Directory:
Name

ADVERTISEMENTS (All ads are black and white except the back or inside cover pages.)

	<u>Regular Rate</u>	<u>Non-Profit Rate</u>
<input type="checkbox"/> Quarter page: 3.75 inches wide X 2.25 inches high	\$500	\$250
<input type="checkbox"/> Half page: 3.75 inches wide X 4.5 inches high	\$900	\$450
<input type="checkbox"/> Full page: 3.75 inches wide X 9.25 inches high	\$1,500	\$750
<input type="checkbox"/> Inside Front/Back Cover: (4-color with bleed): <i>Live area – 3.75 inches wide X 9.25 inches high</i> <i>Trim size - 4.375 inches wide X 9.75 inches high</i> <i>Bleed - 4.875 inches wide X 10.25 inches high</i>	\$2,000	\$1,000
<input type="checkbox"/> Outside Back Cover (4-color with bleed): <i>Live area – 3.75 inches wide X 9.25 inches high</i> <i>Trim size - 4.375 inches wide X 9.75 inches high</i> <i>Bleed - 4.875 inches wide X 10.25 inches high</i>	\$3,000	\$1,500

Prices are for camera-ready artwork only. If artwork requires special handling, electronic manipulation, film work or reductions, additional charges may be incurred.

If you would like our graphic designer to create your ad, design fees can be quoted.

*NOTE: All advertisements are subject to approval by the ABAA/Book Fair Committee.

MECHANICAL REQUIREMENTS

- Please provide artwork via email or CD.
- Artwork and layouts are acceptable as hi-res PDF, JPG, EPS or TIF files.
- Fonts must be embedded or outlined.
- Interior ads are black and white; cover ads are CMYK.

PLEASE SEND ORIGINAL ARTWORK TO:

Ted Estelle, Prevalent Design
626 Grant Avenue, Suite 201, San Francisco, CA 94108
ted@prevalentdesign.com **AND** cafair@whiterainproductions.com • Phone: 415-362-6341 • Fax: 415-362-6342

Reservation deadline: Friday, December 15, 2017
Artwork and payment must be received by: Friday, January 5, 2018

PLEASE SEND FULL PAYMENT AND COPY OF YOUR ARTWORK TO:

Please make checks payable to: "White Rain Productions" and mail to White Rain Productions. To pay by credit card, provide **ALL** information below and return by mail or fax only. **Do not send credit card numbers via email.**

Credit Card Type: VISA MasterCard American Express

Account No.: _____ **Expiration Date:** ____ / ____ **Security "V Code":** _____

First Name	Last Name			
Company				
Address, Suite or PO Box	City	State/Province	Postal Code	Country
Telephone Number	Fax Number			
E-mail Address	Signature			