



REGISTRATION

Business Name: _____

First Name: _____ Last Name: _____

Business Address: _____ Postal Code: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

Website: _____

Facebook: _____ Instagram: _____

What is your ad focus? A service, a product, important message, call to action coupon? Explain below.

IMPORTANT MESSAGE: If we are designing your ad, email your logos and images within 72 hours of booking to: graphics@tasteofsquamish.com

OPTIONS + SIZES | 10% OFF WITH YEAR ROUND COMMITMENT | Publishing Dates Winter - November 7 | Summer - April 7

Advertisement	Size	Ad Rate	Design Rate	Issues 10% Off with Year Round Commitment	Sub Total
Inside Front	5.5 x 8.5"	\$1100	\$225	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Inside Back	5.5 x 8.5"	\$1100	\$225	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Outside Back	5.5 x 8.5"	\$995	\$225	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Full Page	5.5 x 8.5"	\$995	\$225	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Menu Full Page	5.5 x 8.5"	\$595	\$225	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Half Page	5.5 x 4.25"	\$595	\$185	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Quarter Page	2.75 x 4.25"	\$350	\$135	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
One Eighth Page	2.75 x 2.125"	\$250	\$85	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Gift Guide	2.75 x 2.125"	\$75	\$40	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
Scan & Go QR Ad	1 x 2"	\$75	\$40	<input type="checkbox"/> Summer Issue (+) <input type="checkbox"/> Winter Issue	\$
GST 5%					\$
TOTAL					\$

E-transfers can be sent to tasteofsquamish@gmail.com

Cheques payable to BP Communications Inc. - Mail to Box 2764 Garibaldi Highlands, BC V0N 1T0

Credit Card (please print clearly) Visa MasterCard

Cardholder Name: _____ Card Number: _____

Expiry Date: _____ CVC Code: _____

Signature: _____ Date: _____

Thank you for choosing to advertise with Taste Of Squamish. To enter this contract, please sign and date below.

Signature: _____ Date: _____