



Advertising Rates

Circulation K/W: 30,000 Targeted

K-W Deadline:

Ad Copy must be approved for insertion no later than noon May 15, 2010.

Discounts:

- 2 Editions (Any circulation): 10% Off
- 4 Editions (Any circulation): 15% Off
- 6 Editions (Any circulation): 25% Off

Special Size Rates: Color	
Front Page- Banner/Med 10wx2H	\$ 1,063
Front Page- Box/Med 3 1/2 Wx 4H	\$ 465
Front Page- Banner/Med 7W x 2H	\$ 945
Back Page - Full Page - Color	\$ 3,265
Back Page - 1/2 Page - Color	\$ 1,845
Back Page - 1/3 Page - Color	\$ 1,145
Back Page - 1/4 Page - Color	\$ 965
Back Page - Enhanced Bus Card - Col	\$ 265
Ad Placement Pages 2&23 Color	
1/2 Page	\$ 1,695
1/3 Page	\$ 1,495
1/4 Page	\$ 1,095
Enhanced Bus Card	\$ 235
Banner Ad	\$ 665
Ad Placement Pages 3-22 B/W	
Full Page	\$ 2,495
1/2 Page	\$ 1,495
1/3 Page	\$ 1,195
1/4 Page	\$ 895
Enhanced Bus Card	\$ 145
Banner Ad	\$ 495
Extra's	
We will design one ad for free. Any additional ads or ad changes will be subject to a flat rate charge.	
Ad Design	\$ 40

Distribution: Senior Centres, Bingo Halls, Bowling Alleys, Pharmacies, Grocery Stores, Retirement Homes, Assisted Living Residences, Retirement Villa's, Selected 50+ Neighbourhoods, Churches, Seniors Specialty Stores, Mac's Convenience Stores, Hospital's and Local Charitable Organizations.

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Edition	Reservation Deadline	Artwork Deadline	Publication Date
<input type="checkbox"/> Kitchener/Waterloo	May 15, 2010	May 30, 2010	JUNE/JULY Edition: June 15, 2010
<input type="checkbox"/> Guelph/Cambridge	July 15, 2010	July 30, 2010	AUGUST/SEPTEMBER Edition: August 15, 2010

All orders are subject to a 5% GST charge. Minimum 50% Deposit required with order.

ADVERTISING ORDER FORM

GST#847782950-RT0001

Date: _____

Company: _____ Contact: _____ Position: _____

Address: _____ **Billing Name & Address:** _____

City: _____ Prov. _____ P.C. _____

Telephone: _____

Mobile: _____ Best Time To Call: _____

Email Address: _____ Website: _____

Details	Ad Size Preference	Style Preference	Size	Cost
<input type="checkbox"/> Front Cover - Col Only	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrge	<input type="checkbox"/> Box <input type="checkbox"/> Banner <input type="checkbox"/> SideBar		
<input type="checkbox"/> Back Cover - Col Only	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrge	<input type="checkbox"/> Box <input type="checkbox"/> Banner <input type="checkbox"/> SideBar		
<input type="checkbox"/> Color Ad-Pg 2&23	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrge	<input type="checkbox"/> Box <input type="checkbox"/> Banner <input type="checkbox"/> SideBar		
<input type="checkbox"/> B/W Ad - Pg 3-22	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrge	<input type="checkbox"/> Box <input type="checkbox"/> Banner <input type="checkbox"/> SideBar		

Artwork provided? Yes No Term: # _____ of issues.

Artwork: Artwork must be in jpeg or gif file.  *Familiarity equals trust. Small ads more often is more effective than large ads less often.*

5% GST
Sub Total
Less 50% Deposit
Balance Owing

Payment/Deposit

Visa Card # _____ Exp. _____ CHEQUE #: _____
 M/C Name on Card: _____ CSV# _____ Amount: _____
 AMEX Customer Signature: _____ Amt: _____

Special Instructions

I hereby agree to the terms and conditions of advertising in the Seniors Digest media publication as agreed and specified above, for an initial term as indicated and to continue until I notify you further. I understand you will invoice me for the cost (amount above) less required deposit which will be payable in full within 30 days of the invoice date - all cheques payable to **Ontario Home Care Assist**, 233B Inverhuron Cres., Waterloo, Ontario N2V 2H8.

Signature: _____ Print Name: _____

OHCA Use Only

New Renewal Reserved Spot

Docket: _____

Cust.# _____ Rep.: _____ Ad Page: _____

Payment Rec'd By: _____ Dated: _____ Proof Date: _____