



SECURE YOUR ADVERTISING SPACE NOW!

MARK THE SIZE YOU WOULD LIKE BELOW.

BOLD YOUR CONTACT LISTING FOR ONLY \$50.00!

Advertising Deadline: February 23, 2018.

2018 Directory Advertising Contract

Previous 2017 Premium Advertisers have the "first right of refusal" until

February 5, 2018. Directory is distributed in March to the membership.

Promote your products and services to the entire Community Association Institute of Tennessee membership. This annual publication is mailed to every member of TN CAI. That's over 268 members!

The Directory is used by members as a primary resource when searching for products and services to meet their needs. It's a vital resource for all members. Advertising in the Tennessee Chapter of CAI puts you at their fingertips!

Advertising Sizes & Prices

(Please indicate your ad size & color preference)

<input type="checkbox"/> Half page (black and white)	4.625" W x 3.375" H	\$200.00
<input type="checkbox"/> Tab page-half page (black and white)	4.625" W x 3.375" H	\$250.00
<input type="checkbox"/> Full page-(black and white)	4.625" W x 7.125" H	\$350.00
<input type="checkbox"/> Tab page-full page (black and white)	4.625" W x 7.125" H	\$400.00
<input type="checkbox"/> Premium Inside Cover (color)	4.625" W x 7.125" H	\$450.00
<input type="checkbox"/> Premium Back Cover (2 color)	4.625" W x 7.125" H	\$500.00

Premium Tab Pages

<input type="checkbox"/> First Tab, Right page	\$500.00
<input type="checkbox"/> 2017 Annual Sponsor Section, left Page	\$450.00
<input type="checkbox"/> Association Leaders and Homeowners section, left page	\$450.00
<input type="checkbox"/> Business Partners section, left page	\$450.00
<input type="checkbox"/> Community Managers section, left page	\$450.00
<input type="checkbox"/> Management Companies section, left page	\$500.00
<input type="checkbox"/> BOLD the Text of your Contact Information Listing	\$ 50.00

Return this completed form to info@caitenn.org or by fax to 615.874.0033 by **February 23, 2018.**

Company Name: _____

Email: _____ **Phone:** _____

Authorized Representative: _____ **Date:** _____

Bill Account: _____ **Payment Enclosed:** _____ **No Refunds or Cancellations permitted.**