



THE FIRE CALL

2020 Advertising Rates, Terms & Agreement

The *Fire Call* is the full-color quarterly publication of the IAFPD and averages 48-60 pages per issue. Its magazine style represents high-quality print standards and advertising is limited. Circulation exceeds 3,000 and includes Fire Protection District Representatives (Trustees, Fire Chiefs, Commissioners, Attorneys, and Administrative Personnel), and the Illinois Legislators.

Check the month(s) of insertion, color and size of your company's ad placement:

Issue: Winter/February Spring/May Summer/August Fall/November
 Artwork Due: 1/10/2020 4/10/2020 7/10/2020 10/10/2020

Full Color Ad

- Full Page (\$430.00 per insertion)
- 1/2 Page (\$345.00 per insertion)
- 1/4 Page (\$290.00 per insertion)
- SOLD** Inside Back Cover (\$550.00 per insertion)
- SOLD** Inside Front Cover (\$550.00 per insertion)
- SOLD** Outside Back Cover (\$650.00 per insertion)
- SOLD** 2 Page Centerfold (\$1,200 per insertion)
- Preferred Page Placement (\$530.00)
(_____ Page Preferred)

OR

Black & White Ad

- Full Page (\$289.00 per insertion)
- 1/2 Page (\$210.00 per insertion)
- 1/4 Page (\$147.00 per insertion)

Special Advertising Opportunities

- B&W Teaser Card (8.5" x 5.5", folded to 5.5" x 4.25") (\$700.00)
Pumper Package (2 Full page and 2 half page full color ads) (\$1400.00/Member \$1650.00 Non-Member)

Preferred Placement - Since space is limited, priority is granted to IAFPD Associate Members. To check your membership status, go online to the "Membership Directory" on www.iafpd.org.

Closing Dates and Cancellations - All camera-ready copy is due by the dates indicated above. For one-time placements, payment should accompany contract that indicates the issue your company wants to advertise. Refunds on cancellations will be issued upon 60 days notice of cancellation. If advanced payment has been made for multiple issues, Publisher may repeat previous advertisement when new copy is not provided by closing date.

The IAFPD reserves the right to reject any ad submitted due to content or space limitations

Name of Company Advertising: _____

Company Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Ad Contact Person: _____ Phone: _____ Email: _____

Advertiser's Signature _____

Full Payment Enclosed Bundled Advertising IAFPD to invoice after print run

Visa/MC: _____ Exp: _____ CRV Code: _____ Billing Zip _____

Send completed and signed contract to: IAFPD by January 10, 2020:

1201 S. Sixth Street - Springfield, IL 62703
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