

Submit payments to:
Michael David Media
 P.O. Box 331395 | Nashville, TN 37203
 Tel: (615) 832-5388 Fax: (615) 832-1040
 michael@michaeldavidmedia.com

GENERAL CONDITIONS

Cancellation of space must be submitted in writing before the closing date of the advertisement. Full rate will be billed for advertisements already published. Submission of any advertisement, insertion order, space reservation, or position commitment shall constitute acceptance of the following General Conditions.

Advertisements are accepted upon the representation that advertiser and its agency have the right to publish the contents thereof. In consideration of such publication, advertiser and its agency agree to indemnify and hold the publisher harmless against any expense or loss by reason of any claims arising out of publication.

Conditions other than rates are subject to change by publisher without notice. All contents of advertisements are subject to publisher's approval. Publisher reserves the right to reject or cancel any advertisement, insertion order, space reservation, or position commitment at any time. Positioning of the advertisements is at the discretion of the publisher except where a request for a specific preferred position is acknowledged by publisher in writing.

The advertiser or its agency cannot make cancellations or changes in orders after the closing date.

Publisher will not be liable for any costs or damages if for any reason it fails to publish an advertisement or for any remedy beyond the return of any amount paid for an ad or an error in the ad. In no event shall publisher be liable for indirect or consequential damages. Publisher shall have the right to hold advertiser and/or its advertising agency jointly and severally liable for such monies as are due and payable to publisher for advertising which advertiser or its agent ordered and which advertising was published.

Publisher is not liable for delays in delivery and/or no-delivery in the event of an Act of God, actions by government or quasi-governmental entity, fire, flood, insurrection, riot, explosion, strikes whether legal or illegal, labor or material shortage, transportation interruption of any kind, work slowdown, or any condition beyond the control of publisher effecting production or delivery in any manner.

As used in this section entitled, "General Conditions", the term "publisher" shall refer to Michael David Media / City EDUCATORS Magazine. All regulations, terms and conditions outlined on current rate card are applicable.

Company Information

Company Name & Agency Name, if applicable _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Contact Person _____ Title _____

Email _____ Website _____

Advertisement Specification

Frequency (check one)

Nashville Memphis

One Time

Two Times

Four Times

Other: ____ Times

Investment \$ _____ X _____ = Subtotal: _____

+ Production Fee: _____

+ Other: _____

Total Investment:

Notes:

Advertisement Size (check one)

Nashville Memphis Nashville Memphis

Front Cover

Back Cover

Inside Front Cover

Inside Back Cover

The Marketplace

Two-Page Spread

Full Page

Half Page

Quarter Page

Issue (check all that apply)

Nashville Memphis Nashville Memphis

Aug (Q1) _____ Feb (Q3) _____

Nov (Q2) _____ May (Q4) _____

Year Year

Add'l Info: _____

Payment Information

Art (check one) The preferred file type for ads is JPG. All artwork must have a resolution of 300dpi at 100% size for print, and please save as CMYK. Line art images should be at 1200dpi (e.g., illustrations in bitmap mode.)

Design from enclosed sketch (Additional \$40.00 production fee applies)

Digital file provided by advertiser (We prefer JPG file with all fonts and images embedded)

Reprint from archived issue of the magazine (Issue: _____ Page: _____) Nashville
 (Issue: _____ Page: _____) Memphis

Terms (check one)

Payment in full Deposit of: \$ _____ Balance of \$ _____ net 30 days.
 Interest charges of 3% monthly after 35 days past due.

Accepted and Agreed to By:

Signature (required) _____

Agent for (Advertiser/Agency Name) _____ Date _____

Please bill my: (check one) Visa MC Amex

Name on card: _____

Account number: _____

Expiration date: _____

Amount: _____

Authorized Signature: _____ Date _____