

CONTACT INFORMATION

Name _____
Title _____
Company _____
Street _____
City/State/ZIP _____
Phone _____
Email _____
Fax _____

AD SPEC

For the year beginning/ending: (Month) _____ (Yr) _____

Unit:

Text Link – 35 words total

Sponsored Directory – 150 words

Please attach your copy written in Word. Kindly use Spell Check and Word Count (Tools) to ensure you are within the word restriction.

AUTHORIZATION AND PAYMENT

Signature: _____

Unit Cost: \$395

Set-up Fee: \$50

I agree to a reciprocal link. Please waive set-up.

Enclosed: _____

Please make checks payable to Lynn Fantom. Mail to 131 Riverside Drive 7D, New York, NY 10024

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