

# INDUSTRY GUIDE



Your premier reference guide to vendors serving the Local Search industry.

## Order Form

I would like to purchase advertising in the Industry Guide for 12 months as follows:

If Local Search Association has any questions on this order, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Size(s) of Ad(s):

#### Standard Listing

\$500.00 (M)  \$1,000.00 (NM)

#### Enhanced Listing

\$850.00 (M)  \$1,700.00 (NM)

#### Company Logo - B/W

\$150.00 (M)  \$300.00 (NM)

#### Company Logo - Color

\$200.00 (M)  \$400.00 (NM)

#### Company Name Listing Only

\$300.00 (M)  \$600.00 (NM)

#### Company Name-Cross Reference

\$150.00 (M)  \$300.00 (NM)

Options:  Additional Line  \$40.00 (M)  \$80.00 (NM)

#### Presenting Main Menu- Top Banner

\$2,000.00 (M)  \$4,000.00 (NM)

#### Index & Category Screens Top Banner

\$1,500.00 (M)  \$3,000.00 (NM)

#### Index & Category Screens- Full Screen

\$3,150.00 (M)  \$6,300.00 (NM)

#### Index & Category Screens 1/2 Screen

\$1,000.00 (M)  \$2,000.00 (NM)

#### Index & Category Screens 1/3 Screen

\$1,000.00 (M)  \$2,000.00 (NM)

#### Index & Category Screens Side Banner

\$1,500.00 (M)  \$3,000.00 (NM)

#### Hyperlink

\$500.00 (M)  \$1,000.00 (NM)

(M) Member (NM) Non-Member

If you plan to place this space through an advertising agency, please enter name, address and telephone number below:

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

#### REPEAT LISTING

Check here to repeat your listing as it appeared in the last edition. Sign above and return order form. Listing will not be repeated unless form is returned. Current charges apply.

Send all Advertising Materials to:  
Terri Stabnick

820 Kirts Blvd., Suite 100 Troy, MI 48084  
Phone: (248) 244-0743 Fax: (248) 244-0700  
e-mail: Terri.Stabnick@localsearchassociation.org

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## Order Form (Continued)

### Complete for Listing Information

Main Category: \_\_\_\_\_

Advertising information should appear as follows:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Key Personnel: \_\_\_\_\_ Key Personnel: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of Company, Product or Services: \_\_\_\_\_  
(Please provide an attachment if necessary)

\_\_\_\_\_

Additional Categories: \_\_\_\_\_

Complete for Cross Reference Categories: (Please provide an attachment if necessary)

See \_\_\_\_\_ for more information - Plus additional line charge for Web addresses or fax no.

See \_\_\_\_\_ for more information - Plus additional line charge for Web addresses or fax no.

See \_\_\_\_\_ for more information - Plus additional line charge for Web addresses or fax no.

This will confirm placement of the above advertising.

Signature Required

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name in Full: \_\_\_\_\_

Notice: All copy subject to approval. Advertisers and advertising agencies assume responsibility for all content of advertisements printed (including text and illustrations) and also assume responsibility for any claims arising thereof made against the Publisher. The advertiser and the advertising agency are jointly and separately liable for payment. The Publisher reserves the right to reject or cancel any advertisement for any reason at any time.

Payment Information  Please send me an invoice  Check Enclosed

Payment Amount: Credit card:  American Express  Mastercard  Visa  Diner's Club

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ Please Print Name in Full As It Appears on Card: \_\_\_\_\_