VIRGINIA TOWN & CITY

P.O. Box 12164
Richmond, VA 23241

13 E. Franklin Street
Richmond, VA 23219

804/649-8471
Fax: 804/343-3758
E-mail: e-mail@vml.org
www.vml.org

Advertising Contract

Date: _____

Organization: _____

Contact Person: _____

Billing Address: _____

_____

Phone: ( ) Fax: ( ) E-mail: _____

DISPLAY ADVERTISING

(See rate card for ad sizes and rates)

Ad Size	Month/Year	Color/BW/Placement	Rate

PROFESSIONAL DIRECTORY

Horizontal Ad Size (Width x Height)	Rate Per Year
____ 2.25″ x 1″	$320
____ 3.5″ x 1″	$405
____ 2.25″ x 2″	$540

Beginning Date: _____

Total Amount Above: $ 0

_____

_____

Firm: _____

By: _____

Accepted for the Publisher

By: _____

All advertisements are subject to the approval of the publisher. Responsibility for claims and actions based on advertising content is borne by the advertiser and advertising agency. No cancellations will be accepted after closing date for copy, and none will be considered executed unless acknowledged by publisher.