

Advertising Contract - Payment Form

Company Information

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

E-Mail:

Fax:

Web Address:

Contact First Name:

Contact Last Name:

Primary Company Contact

First Name:

Last Name

Title:

Phone:

E-Mail:

Fax:

Address (If Different than Company)

City:

State:

Zip Code:

Additional Company Contacts

Name:

Phone:

E-mail

Name

Phone

E-mail

CHOOSE WHICH MONTHS YOU WOULD LIKE TO ADVERTISE ON OUR WEB SITE (ACCORDING TO SPONSORSHIP/ADVERTISING LEVEL)

January

February

March

April

May

June

July

August

September

October

November

December

Additional Website
Advertising:

___ 1 Month - \$400

___ 3 Months - \$1,125

___ 6 Months - \$3,125

___ 12 Months - \$4,000

SELECT YOUR LEVEL OF SPONSORSHIP/ADVERTISING

___ Corporate Member - \$500.00

___ Bronze Membership - \$2,500.00

___ Silver Membership - \$5,000.00

___ Gold Membership - \$10,000.00

___ Official Title Sponsor - \$20,000.00

Payment Method

Check (payable to IFCA)

Visa

MasterCard

Amount:

Card Number:

Expiration Date:

Name On Card:

Signature:

Advertisers and/or their agents agree to indemnify the Association against all expenses of any nature resulting from unauthorized use of names or pictures appearing in advertising copy; also if any copyright infringements occur or if any copyright laws are violated. The IFCA reserves the right to refuse any advertisement that is deemed to be offensive or unlawful, with full refund of any payment remitted to the advertiser.

Signature of Advertising Contact: _____ Date: _____

Please return to: Dale Henson, Executive Director, IFCA, P.O. Box 305, Camby, IN 46113

Questions: 1-317-856-1850 or Email: dhenson@indfirechiefs.org