



Advertising Agreement

Company Name: _____

Contact Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Contact Number: _____

Business E-mail Address: _____

Contact Email Address: _____

Website: _____

Service Provider Directory Listing (Brief Description of services offered 40 words or less)

Publication Distribution & Due Dates

Select What Ad Cycle you would like to start advertising with:

Summer/Fall Publication (Distributed April - Sept.): **Full Payment and Ad Due by March 1** _____

Winter/Spring Publication (Distributed Oct. - March): **Full Payment and Ad Due by Sept. 1** _____

Printed Advertisements - Bright Feats Two Separate Publications:

Traditional Publication (Please check the advertising selection)
(School age to adult)

Front Cover	\$3,500
Back Cover	\$3,000
Full Page	\$2,500
½ Page	\$1,500
¼ Page	\$750
1/8 Page	\$350
Directory Listing	\$200
Non-Profit Directory Listing	\$100
Service Provider Package # 1	\$35 per month
Service Provider Package # 2	\$65 per month
Service Provider Package # 3	\$130 per month
Service Provider Package # 4	\$255 per month
Service Provider Package # 5	\$425 per month
Service Provider Package # 6	\$500 per month
Service Provider Package # 7	\$585 per month

Early Childhood

(Birth to 5 years)

Front Cover	\$3,500
Back Cover	\$3,000
Full Page	\$2,500
½ Page	\$1,500
¼ Page	\$750
1/8 Page	\$350
Directory Listing	\$200
Non-Profit Directory Listing	\$100
Service Provider Package #1	\$35 per month
Service Provider Package #2	\$65 per month
Service Provider Package #3	\$130 per month
Service Provider Package #4	\$255 per month
Service Provider Package #5	\$425 per month
Service Provider Package #6	\$500 per month
Service Provider Package #7	\$585 per month

Additional Services:

- Social Media Post \$50
- Quarterly News Ad \$200
- Banner Ad \$350
- Online Directory Listing \$100
- Ad Design \$65 per Hour

All monthly payments automatically renew and can be stopped at any time. Refund of monthly payments available for up to 30 days.

Payment Information:

Subtotal: _____
Less Discounts: _____
Total Due: _____

Discount Notes: _____
Discount Approval: _____

Please select preferred method of payment from options below:

- ___ Check Check #: _____
(Make checks payable to Abilities Workshop, Inc and mail to: PO Box 161602, Altamonte Springs, FL 32716)
- ___ Credit Card
- ___ Debit Card
- ___ Pay Pal
- ___ ACH Bank Transfer We'll email an invoice for easy electronic payment.

Signature: _____ Date: _____

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