



Scottsdale Arabian Horse Show & Shopping Expo February 14-24, 2019

Official Show Program Advertising Agreement

Advertising Sizes & Rates

Ad Size	Specifications	Trim Size	Bleed Size	Cost
2 Page Color Spread	7 3/8 x 9 7/8/each	8 3/8 x 10 7/8	8 5/8 x 11 1/8	\$1300
1 Page Full Color	7 3/8 x 9 7/8	8 3/8 x 10 7/8	8 5/8 x 11 1/8	\$700
1 Page Black & White	7 3/8 x 9 7/8	8 3/8 x 10 7/8	8 5/8 x 11 1/8	\$400
½ Page Full Color	7 3/8 x 4 7/8	8 3/8 x 5 7/8	8 5/8 x 5 7/8	\$350
½ Page Black & White	7 3/8 x 4 7/8	8 3/8 x 5 7/8	8 5/8 x 5 7/8	\$200

- Rates do not include design; ads must be sent print ready.
- Color proofs will not be provided.
- All Ads are to be submitted electronically as described above.
- Submit electronic files of 5MB or less to arabian@scottsdalshow.com
- Submit electronic files of 5MB or more to arabian@scottsdalshow.com (large files can be sent via yousendit.com)
- Acceptable Image Submissions: EPS, TIFF, Photoshop, Illustrator file or PDF, CMYK, 300 dpi at print size. Clean, black and white line art.
- Acceptable Layout Submissions: QuarkXpress file (Mac), InDesign, Photoshop, Illustrator, or hi resolution (print quality) Adobe Acrobat PDF Include all images and Mac fonts used in layout.

Advertising Agreement

2 Page Color Spread	\$1300 x _____	= \$ _____
1 Page Full Color	\$700 x _____	= \$ _____
1 Page Black & White	\$400 x _____	= \$ _____
½ Page Full Color	\$350 x _____	= \$ _____
½ Page Black & White	\$200 x _____	= \$ _____
TOTAL =		_____

- Ads are due no later than January 1, 2019.
- All Ads are to be submitted electronically as described on provided Specification Guidelines.
- A 50%, non-refundable deposit is due upon execution of this contract.
- The balance is due no later than January 1, 2019 or with the submission of electronic files whichever occurs first.

This agreement is entered into on this date _____ between the Arabian Horse Association of Arizona (AHAA), a non-profit Arizona corporation whose mailing address is: P.O. Box 13865, Scottsdale, AZ 85267-3865, 480.515.1500 and:

Company: _____ Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____ Telephone: _____

Signature: _____ Date: _____

Payment Method

Check enclosed for the amount of \$ _____ Check Number _____

Charge my MasterCard Visa AMX

Credit card number: _____ Expiration Date: _____ Code: _____

Name on the card: _____ Signature: _____

Please mail or email advertising agreement with 50% Payment to:

AHAA, P.O. Box 13865, Scottsdale, AZ 85267-3865 Phone: (480) 515-1500 or Fax: (480) 515-1122

E-mail: info@scottsdalshow.com web-site: www.scottsdalshow.com