



Society of Louisiana CPAs

2023 Display Advertising Contract

Company Name _____ Type of Business _____

Address: _____

City/State/Zip: _____

Telephone _____ Email _____

Contact _____ Title _____

LAGNIAPPE LCPA's official member magazine; published 6x yr; trim size 8 1/2" x 11"; full color; saddle stitched; published online as interactive digital magazine at no additional charge

<u>SELECT YOUR ISSUE(S)</u>	<u>Pub. Date</u>	<u>Deadline</u>
_____ Jan/Feb 2023 Vol. 48/#7	01/27/2023	01/06/2023
_____ Mar/Apr 2023 Vol. 48/#8	03/24/2023	03/03/2023
_____ May/June 2023 Vol. 48/#9	05/26/2023	05/05/2023
_____ July/Aug 2023 Vol. 49/#1	07/21/2023	07/07/2023
_____ Sept/Oct 2023 Vol. 49/#2	09/22/2023	09/08/2023
_____ Nov/Dec 2023 Vol. 49/#3	11/27/2023	11/03/2023

SELECT YOUR AD FORMAT (sizes are listed width/height)

<u>rsv'd</u> Inside Front Cover	8.5" x 11" with 1/8 bleed 7.5" x 10" w/o bleed
<u>rsv'd</u> Inside Back Cover	8.5" x 11" with 1/8 bleed 7.5" x 10" w/o bleed
<u>rsv'd</u> Back Cover	8.75" x 6" with bleed 7.5" x 5" w/o bleed
_____ Full Page	8.75" x 11.255" with bleed 7.5" x 10" w/o bleed
_____ 1/2 Horizontal	7.5" x 4.75"
_____ 1/3 Square	4.75" x 4.75"
_____ 1/3 Horizontal	7.5" x 3"
_____ 1/4 Vertical	3.75" x 4.75"

For bleeds: Specs above include required 1/8" bleed on all sides; keep live matter at least 1/4" from trim size of 8.5" x 11".

DIGITAL AD OPTIONS

SELECT YOUR AD FORMAT

_____ Web Home Page	\$450/month	322px x 207px
_____ CPE Search Page	\$350/month	300px x 600px
_____ Web Interior Page	\$250/month	300px x 330px
_____ Chapter News Email	\$250/issue	650px x 100px
_____ Lagniappe Email	\$350/issue	650px x 100px
_____ Membership Email	\$350/each	650px x 100px
_____ Conference Email	\$350/each	650px x 100px

Lagniappe Display Ad Rates			
Size	1x	3x	6x
Inside Covers	\$643	\$577	\$541
Back Cover	\$536	\$479	\$448
Full Page	\$536	\$479	\$448
1/2 Page (horiz)	\$319	\$283	\$268
1/3 Page (square)	\$211	\$190	\$175
1/3 Page (horiz)	\$211	\$190	\$175
1/4 Page (vertical)	\$165	\$149	\$134

Display Advertising Terms & Conditions

Digital files (High Resolution PDF, JPEG, TIFF or EPS format) sent via email are preferred. Exact sized ads required; see specifications on reverse side. For ads in *Lagniappe* with bleeds: allow 1/8" on all sides for bleed; ads must be size to fit specs.

A signed contract and insertion order are required. Ad space cancellations must be made in writing at least three weeks prior to the publication date to avoid a cancellation fee. Should an advertiser cancel a contract in the middle of the contracted term, all advertising will be short-rated at the one-time rate.

Payment is due upon receipt of then invoice. Advertising agencies and/or authorized agents placing ads for a client/third party assume all responsibility for prompt payment. Agency and advertiser expressly warrant that they have the right to publish the advertising. Agency and advertiser shall indemnify publisher against all damages and related expenses (including legal fees) arising from the publication of the advertising.

The LCPA reserves the right to refuse any advertising regardless of contract. All ads are subject to review. Advertisements for any non-LCPA sponsored professional education program will not be accepted.

The LCPA does not guarantee it's publications' delivery dates. Although a production schedule exists, the actual delivery dates are contingent on factors that are outside the Society's control.

The LCPA cannot guarantee special placement of advertisements.

Please sign and date this contract if it meets with your approval. Contract is not valid without signature of advertiser. Signing this contract indicates you have read and agree to all terms and conditions contained within.

THIS CONTRACT HAS BEEN APPROVED BY

X _____ Print Name _____ Date _____

Signature of Advertiser or Authorized Agent

Special Instructions _____

PAYMENT INFORMATION

Total Amount \$ _____

____ Check Enclosed ____ Visa ____ MasterCard ____ Discover ____ American Express

Credit Card # _____ Expiration Date ____/____ CVS# _____

Cardholder's Name as Printed on Card _____

Billing Address of Card _____ City _____ State _____ Zip _____

Sign and return completed contract to: Ann Lupo, Society of Louisiana CPAs
3850 N Causeway Blvd., Suite 1650, Metairie, LA 70002 • 504.904.1125 • alupo@lcpa.org