



# Traveler's Guide Contract/Insertion Order

Santa Cruz County Conference & Visitors Council  
303 Water Street, Suite 100  
Santa Cruz, CA 95060  
831.425.1234 Fax 831.427.4407

Today's Date: \_\_\_\_\_

**Year to be Issued: 2012**

Company Name: \_\_\_\_\_

Insertion Order # \_\_\_\_\_

Contact Name: \_\_\_\_\_

Ad Rate \$ \_\_\_\_\_

Address: \_\_\_\_\_

**Ad Size**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Page

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

1/2 page vertical

Fax: \_\_\_\_\_

1/2 page horizontal

Email: \_\_\_\_\_

1/3 page vertical

1/3 page horizontal

**Art Work Specifications**

- Pickup Ad as is from Prior Year
- \*Slight Modification by CVC Publisher (basic text only)
- Camera Ready from Client
- \*Ad Redesign by CVC Publisher Requested
- \*New Ad Design by CVC Publisher Requested

1/6 page vertical

1/4 page

**Special Co-op Section**

1/6 page

1/12 page

Co-op Name: \_\_\_\_\_

**Comments / Requests\*\***

**Art Work Submittal Deadline: October 07, 2011**

I have read the CVC Rate Card and the mechanical requirements for submitting the artwork for my advertisement. I understand that design costs related to my advertisement are a separate fee and unrelated to my display ad fee paid to the CVC. If my artwork is submitted in an unworkable format I may be charged for the publisher's time to re-format the file. **Initial:** \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Client's Name: \_\_\_\_\_

Sales Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Sales Rep's Name: Gary Green

\* Additional design costs apply.

\*\* Special requests for placement cannot be guaranteed.

## Billing & Payment Information: 2012 Traveler's Guide

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Date: \_\_\_\_\_  
Billing Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Space Charge: \$ \_\_\_\_\_  
Deposit Received: \$ \_\_\_\_\_  
**Balance Due:** \$ \_\_\_\_\_

**Payment Method:**  Credit Card  Check

**Credit Card Type:**  Visa  MasterCard  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Name as it appears on card: \_\_\_\_\_

### Notes

(Not for Insertion Order Information)

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment:** A 50% deposit is required to confirm space reservations. Any remaining balance is due no later than 30 days after Guide publication. Any balance not paid in full 30 days after date of publication will be subject to a \$50.00 per month late payment fee. Please note it is the CVC's policy to seek damages for payments due. If the CVC proceeds in the collection process through small claims court a \$350.00 additional late-pay processing and service fee will also be applied in addition to any other late fees and reimbursement of all court costs.

**Cancellations:** No cancellations for contracted advertising space will be accepted after 30 days preceding contract deadline in any given year. All cancellations must be received *in writing* by that date, and must be confirmed *in writing* by the CVC before taking effect.

**Liabilities:** The CVC limits liability for any errors to the cost of the actual space occupied by the error. Please refer to the ad "Specifications and Requirements" outlined in the Rate Card. All ads are subject to approval by the CVC. By placing an advertisement, the advertiser represents that they have authorization for use of materials and artwork supplied for the ad. In addition, the advertiser confirms that the information provided to the CVC which will appear in their ad or listing is accurate and assumes all responsibility for its content. The CVC will not be liable for any loss or liability resulting from the use of unauthorized materials, misrepresentation or inaccuracies on the part of the advertiser.

I have read and agree to the terms and conditions of the Santa Cruz County Conference and Visitors Council's payment, cancellation, and liability policies stated in this contract. **Initial:** \_\_\_\_\_

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For office use only:

Fee Confirmation by SCCVC Operations Director: \_\_\_\_\_

Insertion Order Number by SCCVC Operations Director: \_\_\_\_\_