



Casualty Adjuster's Guide[®] of Louisiana/Mississippi

Advertising Rates

Phone: 800-430-1356 • Fax: 888-784-5390 • Email: GwenB@cagworld.com

See us online at: www.cagworld.com

Published by Gwen Bourgeois • PO Box 80680 • Baton Rouge, LA 70898

**** Free 4-Color on all pages with your 4/C artwork ****

All Ads Include

Free:

- Internet Listing
- Internet Link
- Email Link
- Copy of Guide

Graphics:

- Send us your professionally prepared Ad copy in Adobe Acrobat PDF format saved in the highest (press) resolution in CMYK color with embedded fonts.
- We recommend you work with a professional graphic designer to create a custom ad for you. However we offer a basic text ad setup using stock fonts with one highlight color, including placing one digital logo.
- We use four color (CMYK) printing. If close color match is required send us correct CMYK percentages.

Terms:

- Publisher reserves rights of content.
- Publishers liability for E&O is limited to amount paid.
- Ad must be paid in full no later than Jan 15th to appear in the Guide.
- Proof of ad not returned by deadline date will be assumed correct.
- Page Placement Policy:
 - Ads are placed in section by ad size by earliest order date.
 - Index listings are by category by page number.
 - Alphabetical listing of all advertisers is included in the back of the book

Special Positions

Front Cover Banner	\$2,400	<input type="checkbox"/>
Inside Front Cover	\$1,500	<input type="checkbox"/>
Outside Back Cover	\$2,000	<input type="checkbox"/>
Inside Back Cover	\$1,050	<input type="checkbox"/>
Roster Right or Left	\$1,800	<input type="checkbox"/>
Premium Page	\$1,125	<input type="checkbox"/>
<small>(Feature page in front of section)</small>		

Page Positions

Full Page	\$850	<input type="checkbox"/>
Half Page	\$575	<input type="checkbox"/>
Quarter Page	\$375	<input type="checkbox"/>

Ad Sizes

	Inches Wide x Height
Full Page:	4.25 x 7.25
Half Page:	4.25 x 3.5
Quarter Page W:	4.25 x 1.5

Distributed to over 2,400 Adjusters & Claims Handlers located in Louisiana/Mississippi

Booking Form

Please reserve the space indicated above.

Name _____ Date _____

Company _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web Site _____

CUSTOMER signature below confirms this advertising order:
AD Placement, (subject to publisher review).

Section _____ Index _____

Total \$ _____ Please see Terms & Ad Specs.

Signature _____

Thank you for your order.

Please fax this completed form to: 888-784-5390 or mail