

Advertising Order Form

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Email: _____ Phone: _____

The Ohio Community Banker

Advertisers are able to submit new artwork for each publication they are advertising in at no additional cost. If no new artwork is submitted for a publication, the previous artwork will be used.

Layout Insertions Color

Issues Q1 (Feb)
 Q2 (April)
 Q3 (Sept)
 Q4 (Nov)

Requested placement _____

Destination link _____

CBAO Web Site

Duration _____

Destination link _____

Months _____

Community Banking Connected Electronic Newsletter

Duration _____

Destination link _____

Months _____

Special Instructions _____

All published advertising rates are for non-members.

CBAO Associate Members get a 20% discount and CBAO partners get a 30% discount!

Are you a...? CBAO Associate Member CBAO Partner Advertising Total \$ _____

Payment Information

Visa Mastercard American Express Invoice Me Check Enclosed

Credit Card Number: _____ Expiration: ____/____ Security Code: ____

Cardholder Name: _____ Date: _____

Send completed form to Kelly Phillips at ksphillips@cbao.com.

