



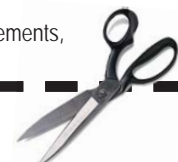
Wisconsin Agri-Business News Quarterly *Advertising Rate Sheet*

WABA - 2801 International Lane, Suite 105 - Madison, WI 53704 - (608) 223-1111

Type of Advertisement			Number of Quarterly Editions for Ad Placement				Submission Deadlines	
Block Advertisements			One Edition	Two Editions	Three Editions	Four Editions	Issue	Submit by
Full Page	7.5" W x 9.75" H	Color B&W	\$380 \$260	\$740 \$500	\$1,100 \$740	\$1,460 \$980	Spring Summer	March 1 June 1
Half Page	7.5" W x 4.75" H	Color B&W	\$240 \$180	\$460 \$340	\$680 \$500	\$900 \$660	Fall Winter	Sept. 1 Dec. 1
Quarter Page	3.5" W x 4.75" H	Color B&W	\$170 \$140	\$320 \$260	\$470 \$380	\$620 \$500	Article submissions and photos should be emailed directly to WABA by the dates listed above for consideration. <i>Please send to:</i> joan@wiagribusiness.org	
Eighth Page	3.5" W x 2" H	Color B&W	\$135 \$120	\$250 \$220	\$365 \$320	\$480 \$420		
Action Ads (listed in magazine & on website)			One Edition	Two Editions	Three Editions	Four Editions		
Up to 75 words			\$30	\$45	\$55	\$65		
75 to 100 words			\$40	\$55	\$65	\$75		
100 to 200 words			\$50	\$65	\$75	\$85		
Banner Ad (640 pixels x 115 pixels)			\$100	\$150	\$195	\$240		

Please complete the following advertisement placement form and return with your remittance to WABA, 2801 International Lane, Suite 105, Madison, WI 53704. You may also fax the form if paying with a credit card to (608) 223-1147.

Advertisements should be sent as attachments to joan@wiagribusiness.org, if you have questions regarding placement or formatting of advertisements, please call (608) 223-1111.



WABA News Quarterly Advertisement Placement Form

Name _____ Company _____

Company Address _____

Phone _____ Fax _____ Email _____

Check Ad Size:

_____ Full Page (7.5"W x 9.75"H)
 _____ Half Page (7.5"W x 4.75"H)
 _____ Quarter Page (3.5"W x 4.75"H)
 _____ Eighth Page (3.5"W x 2"H)
 _____ Action Ads _____ words

Number of Editions:

_____ One
 _____ Two
 _____ Three
 _____ Four

Color or B/W:

_____ Color
 _____ Black & White

Total Remittance: _____

Payment Option: I have enclosed a check Please bill my credit card

Credit Card Information: Master Card Visa Card Number _____

Expiration Date: _____ Cardholder Signature _____