



Certified Horsemanship Association Advertising Contract for 2023 *Instructor Magazine* and 2023 CHA Conference Program

CHA RESERVES THE RIGHT TO DECLINE ANY ADVERTISING ORDER FOR ANY REASON AT ITS SOLE DISCRETION

Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Fax: _____ Website: _____

Billing Address if different from above: _____

Please choose your desired size:

- | | | |
|-------------------------------|---|--|
| Full Page (7½ x 9½) | <input type="checkbox"/> CHA Member: \$475 | <input type="checkbox"/> Non-Member: \$575 |
| | <input type="checkbox"/> *Premium Placement Inside Front Cover: \$750 | |
| | <input type="checkbox"/> *Premium Placement Inside Back Cover: \$750 | |
| Half Page (7½ x 4½) | <input type="checkbox"/> CHA Member: \$290 | <input type="checkbox"/> Non-Member: \$390 |
| | <input type="checkbox"/> *Premium Placement Back Cover: \$850 | |
| | <input type="checkbox"/> CHA Member: \$175 | <input type="checkbox"/> Non-Member: \$250 |
| Quarter Page (3¾ x 4½) | <input type="checkbox"/> CHA Member: \$95 | <input type="checkbox"/> Non-Member: \$145 |
| Sixth Page (2¼ x 4½) | <input type="checkbox"/> CHA Member: \$95 | <input type="checkbox"/> Non-Member: \$145 |

**Please note that premium placement ads are the same price for CHA members and non-members.*

I would like the ad to run in both the magazine and the conference program for a 20% discount on the second ad placement. Please note that the same ad must run in both publications and conference program ads run in Black and White while magazine ads are in Color.

I would like Design Assistance for the following additional cost:

- Full Page: \$95 Half Page: \$70 Quarter Page: \$60 Sixth Page: \$50
- Inside Front Cover/Inside Back Cover: \$125 Back Cover: \$150

Materials Due:

- February 15, 2023 for Magazine to office@CHA.horse
- August 15, 2023 for Conference Program to office@CHA.horse

Advertiser or Agent Signature: _____ Date: _____

Print Full Name: _____

Payment:

- If paying by check - please send to: CHA Corporate Office at 1795 Alysheba Way Suite 7102 Lexington, KY 40509
- If you want us to bill you, please initial here: _____
- If paying by credit card, I Authorize CHA to charge:

MasterCard/Visa#: _____ CVC: _____

In the name of: _____ Exp: _____

X: _____ Date: _____

**Please scan and email this form to office@CHA.horse
or call 859-259-3399 to pay over the phone**