



2024 Magazine Advertising Order Form

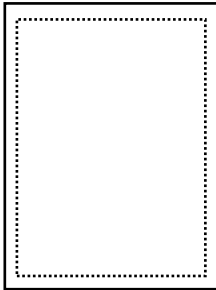
Upper Perkiomen Valley Chamber of Commerce

UPVCC is proud to announce start of our semi—annual “Our Valley” magazine. The magazine will be produced in April and October. Reserve your spot now!

Ads are due by March 4, 2024.

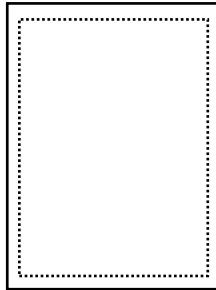
Premium Pages

1/8" bleed
8.5" x 11



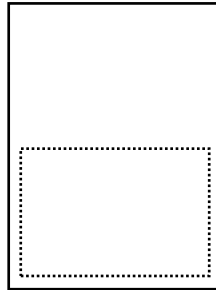
Full Pages

1/8" bleed
8.5" x 11



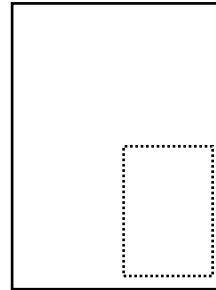
Half Page

no bleed
8.5" x 5.5"



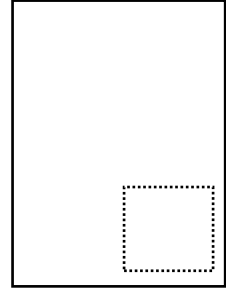
Fourth Page

no bleed
4.25" x 5.5"



Sixth Page

no bleed
4.25" x 3.6"



Both Publications

Premium Pages

Members only

- \$2320 Outside Back Cover
- \$1760 Inside Back Cover
- \$1760 Inside Front Cover

Signature Pages

Member Pricing

- \$1120 Full Page
- \$840 Half Page
- \$560 Fourth Page
- \$320 Sixth Page

Signature Pages

Non-Member Pricing

- \$1440 Full Page
- \$1000 Half Page
- \$880 Fourth Page
- \$640 Sixth Page

One Publication

Spring or Fall (Please circle one)

Premium Pages

Members only

- \$1450 Outside Back Cover
- \$1100 Inside Back Cover
- \$1100 Inside Front Cover

Signature Pages

Member Pricing

- \$700 Full Page
- \$525 Half Page
- \$350 Fourth Page
- \$200 Sixth Page

Signature Pages

Non-Member Pricing

- \$900 Full Page
- \$625 Half Page
- \$550 Fourth Page
- \$400 Sixth Page



**Upper
Perkiomen
Valley**
Chamber of Commerce

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Upper Perkiomen Valley Chamber of Commerce

Ads are due by March 4, 2024

File Requirements

Files must be a resolution of 300 dpi and in CMYK color mode. *For Press Ready Ads: The ad is required to be in one of the following formats: PDF, EPS, TIFF, or JPG file. Please give us a call if you have any questions about the file requirements

Distribution

Magazines printed and circulated throughout the Upper Perkiomen Valley and available on the UPV Chamber website.

Berks · Bucks · Montgomery

Contact Information

Business/Organization Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone Number _____ E-mail _____

Payment

Please email this form to info@upvchamber.org or fax it to 215.679.2624.

Check Enclosed (Payable to: UPVCC) Send Invoice Credit Card

Total Amount \$ _____

Credit Card Number _____

Exp. Date _____ CVC Code _____ Name on Credit Card _____

Signature _____ Zip _____