



CTAM Vendor Ad Invoice

(Expires 1 year from placement)

Name of Vendor: _____

Name of Contact: _____

Address: _____

City _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

Evening Phone: (optional): _____

E-mail address: _____ Date: _____

**Please Check Appropriate Ad Category for 1 Year:
(Includes placement in 3 newsletters and our website)**

_____ Business Card Size \$120.00

_____ ¼ Page \$190

_____ ½ Page \$360

_____ Full Page \$640

Office use: Date of Ad Placement: _____ Placed by: _____

**Please Make Check Payable To: The Community Television Association of Maine
Print out this form, fill it out and mail with the check to:**

The Community Television Association of Maine
P.O. Box 2124
South Portland, Maine 04116

Questions? Call (207) 767-7615 Thank you for your support!