



Community Television Association
of Maine



2012-2013 CTAM Vendor Ad Invoice

(Expires 1 year from ad placement)

Name of Vendor: _____

Contact Person: _____

Address: _____

City _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____ Mobile Phone: (optional): _____

E-mail address: _____

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

___ **Business Card \$120**

___ **1/4 Page \$190**

___ **1/2 Page \$360**

___ **Full Page \$640**

How did you learn about CTAM? _____

**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

www.ctamaine.org
Info@ctamaine.org

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

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