



**LOUISIANA INDEPENDENT TIRE DEALERS
ASSOCIATION**
 P.O. Box 82531
 Baton Rouge, LA 70884
 Phone: (225) 767-7640 Phone: (800) 887-9806
 Fax: (225) 767-7648

ATTENTION ADVERTISERS!

DO NOT miss out on the chance to promote your business in the Louisiana Independent Tire Dealers' Quarterly Newsletter. As a company, you will receive recognition with other Associate Tire Dealers, and the opportunity to advertise to new businesses. LITDA would be honored to have you place an ad to help make the Newsletter a success!

AD SIZE (height X width)	SINGLE AD PER YEAR RATE	4 ADS PER YEAR RATE
Full Page (10''h x 7.5''w)	\$300.00	\$275.00 each ad
1/2 Page (4.5''h x 7.5''w)	\$200.00	\$175.00 each ad
1/4 Page (4.5''h x 3.5''w)	\$100.00	\$75.00 each ad
1/8 Page (approx. 2.5''h x 3.5''w)	\$50.00	\$30.00 each ad

DEADLINES:

NEWSLETTER ISSUES:

DEADLINE FOR SUBMISSIONS:

Winter Issue

January 20, 2009

Spring Issue

March 1, 2009

Summer Issue

June 1, 2009

Fall Issue

September 1, 2009

ADVERTISING INFORMATION

- The Newsletter is printed in full color - Color Ads are preferred
- The completed ad should be supplied via email as a JPEG file
- Please email Jill Guillory at: jill@tatmangroup.com
- Questions? Call Jill Guillory at (225)767-7640 or (800) 887-9806.

LITDA ADVERTISING OPPORTUNITY



LOUISIANA INDEPENDENT TIRE DEALER ASSOCIATION

P.O. Box 82531

Baton Rouge, LA 70884

Phone: (225) 767-7640 Phone: (800) 887-9806

Fax: (225) 767-7648

Name: _____

Company: _____

Address: _____

Phone _____ Fax _____ Email _____

CIRCLE ONE

SINGLE AD RATE

FULL PAGE	\$300.00
1/2 PAGE	\$200.00
1/4 PAGE	\$100.00
1/8 PAGE	\$50.00

4 ADS PER YEAR RATE

FULL PAGE	\$275.00 each ad
1/2 PAGE	\$175.00 each ad
1/4 PAGE	\$75.00 each ad
1/8 PAGE	\$30.00 each ad

Total Amount Enclosed \$ _____

Total Amount Enclosed \$ _____

Please return this form with your check made payable to:

Louisiana Independent Tire Dealers Association

P.O. Box 82531

Baton Rouge, LA 70884

*** Payment must be received prior to submission deadline***

Credit Card Payments:

Name on card: _____ Total amount due: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Exp. Date: _____ V Code: _____

Card Number: _____

Signature: _____ Phone number: _____