



Business and  
Professional  
Women/FL

## Florida Business Woman 2020-2021

Send an electronic copy of this form to Editor Sheila Barry-Oliver at [fbw.editor@gmail.com](mailto:fbw.editor@gmail.com).

If paying by check, make payable to BPW/FL and send to:

Tiki Bates, BPW/FL Business Manager, PO Box 421, Safety Harbor, FL 34695

If paying by credit card, payment can be made at this link: <https://bpwfl.org/online-payment>

Member Advertising Rates:	Single issue	2 issues	3 issues	Ad Size
Full Page	\$175	\$315	\$420	7.35" W x 9.5" H
Half Page	\$100	\$180	\$240	7.35" W x 4.75" H
Back Cover (1/2 p)	\$150	\$270	\$360	7.35" W x 4.75" H
Quarter Page	\$50	\$ 90	\$120	3.5" W x 4.75" H
Business Card	\$25	\$ 45	\$ 60	3.5" W x 2" H

Non-member rates are double the member rates. Multiple issue ads will be placed on a rolling basis, so that they can start with any issue. Ads on the web will have embedded hyperlinks. Multi-issue ads can start with any issue and will cross BPW years. Please submit ads in jpg format.

There will be three printed mailed issues, which will also be posted to the BPW/FL website.

The deadline dates for information to be received by the editor are as follows:

- Fall Issue (State Conference Report) 8/1/20
- Winter Issue 12/1/20
- State Conference Issue 4/1/21

Non-advertising submission guidelines:

- BPW items (e.g., state officer/committee chair reports, calendar entries, press releases, articles/photos about LO events)
- Articles of interest to BPW members (e.g., related to the BPW mission, public policy platform)

All submissions will be accepted for consideration, subject to space availability and editing.

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### Ad Placement and Billing Information

Issues (check all that apply): Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ State Conference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Only provide the following information if not paying online.

Credit card: MC \_\_\_\_\_ Visa \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit card billing #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Signature: \_\_\_\_\_

6/15/20