



# STOREfronts Quarterly Advertising Reservation

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Issue	Format	Published	Ad Copy Deadline
Q1	Digital	February	January 31
Q2	Print & Digital	May	April 15
Q3	Digital	August	August 15
Q4	Digital	December	December 5

Please submit your Advertisement in PDF format to [alison@nyacs.org](mailto:alison@nyacs.org)  
 Full Page: 8½ x 11 • Half Page: 8½ x 5½

## Rates

	1 Issue	2 Issues	3 Issues	4 Issues
Back Cover	\$1,500	\$1,500	\$1,400	\$1,400
Full Page	\$900	\$800	\$800	\$700
Half Page	\$500	\$400	\$400	\$300

Select Ad Type	Select Issue(s)	Amount Due
<input type="checkbox"/> Back Cover <input type="checkbox"/> Full Page <input type="checkbox"/> Half Page	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	# of Issues _____ x Rate _____  TOTAL: _____

**Payment:**  Check #: \_\_\_\_\_ Payable to New York Association of Convenience Stores

Visa       MasterCard       American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Address \_\_\_\_\_

**Submit ad, form, and payment to:**

**NYACS • 130 Washington Ave, 3rd Floor • Albany NY 12210**  
**[alison@nyacs.org](mailto:alison@nyacs.org) • 518-432-1400**