



COMPANY INFORMATION

Company Name: _____

Company Address: _____

YOUR CONTACT INFORMATION

Your Name: _____

Your Address: _____

Your Telephone #: _____

Your E-Mail Address: _____

BILLING CONTACT INFORMATION

Billing Contact Name: _____

Billing Contact Mailing Address: _____

Billing Contact Telephone #: _____

Billing Contact E-Mail Address: _____

AGENCY CONTACT INFORMATION

Agency Contact Name: _____

Agency Mailing Address: _____

Agency Contact Telephone #: _____

Agency Contact E-Mail Address: _____

OFFICIAL GUIDE MAP TO FLORIDA ATTRACTIONS (OGM)

- Half Panel Ad (3.6165" x 4.25") - \$2,660
- Premium Half Panel Ad (3.6165" x 4.25") - \$2,840
- Full Panel Ad (3.75" x 8.75") - \$4,160
- Back Cover Ad (4.0" x 9.0") - \$5,760

SOUTH FLORIDA ATTRACTIONS MAP (SFAM)

- Attraction Photo w/ Listing - \$2,230
- Attraction Photo w/ Listing & Coupon - \$3,400
- Half Panel Ad - *ad only* (3.75" x 4.3125") - \$3,800
- Full Panel Ad - *ad only* (3.75" x 8.75") - \$5,710
- Back Cover Ad - *ad only* (4.0" x 9.0") - \$6,350

OGM TOTAL: _____

OGM DEPOSIT: _____

SFAM TOTAL: _____

SFAM DEPOSIT: _____

PURCHASE ORDER # : _____

NO PURCHASE ORDER NUMBER REQUIRED

PURCHASE ORDER # : _____

NO PURCHASE ORDER NUMBER REQUIRED

50% deposit must be paid no later than 30 days following execution of this agreement. The balance must be paid in full no later than November 1, 2021.

PRINT NAME

POSITION/TITLE

DATE

AUTHORIZED SIGNATURE

MAP SALES SIGNATURE

OFFICE USE ONLY: _____
