

The Lumber Log



A PUBLICATION OF THE LUMBER ASSOCIATION OF CALIFORNIA & NEVADA

Advertising rates and information for 2010!

Reach the region's lumber dealers and related industries with highly targeted advertising!

The Lumber Log is published monthly by the Lumber Association of California & Nevada and is the organization's official publication. With a mix of industry news, political information, business tips, safety and management advice, **The Lumber Log** is an excellent place for your advertising.

Rates are listed below and are based on ad size and frequency of insertion.

Need some help on your ad layout and design? Contact us and we'll help.

MEMBER RATES

| Ad Size | 1 month | 3 month | 6 month | 12 month |
|--------------|---------|---------|---------|----------|
| Full Page | \$480 | \$440 | \$380 | \$340 |
| 2 col x 6 in | \$340 | \$320 | \$300 | \$280 |
| 2 col x 4 | \$280 | \$240 | \$220 | \$200 |
| 1 col x 6 | \$200 | \$180 | \$160 | \$150 |
| 1 col x 4 | \$150 | \$140 | \$130 | \$120 |

**Need Layout Assistance?
Call LACN at (800) 266-4344**



INSERTS \$320 3 month \$300 6 month \$280 12 month \$270

Inserts must be 8 1/2 x 11 and flat. Folded to 8 1/2 x 11 is allowed. Contact LACN for quantity needed.

NON-MEMBER RATES ARE 1.5x MEMBER RATES. PAYMENT FOR NON-MEMBER ADS IS REQUIRED IN ADVANCE.

MECHANICAL REQUIREMENTS

1 column is 3 1/4 inches wide. 2 columns is 7 1/2 inches wide. Full page is 7 1/2 x 10 inches.

Frequency rate discounts apply to ads purchased in a 12 month period.

Copy changes and ad rotations allowed. Ads or changes must be received by 10th of month prior to publication date.

Color available at individual quote. All ad sales are non-commissionable and not subject to brokerage.

AD Size [] Full page [] 2 col x 6 in [] 2 col x 4in [] 1 col x 6in [] 1 col x 4in
 FREQUENCY [] 12 month rate [] 6 month rate [] 3 month rate [] 1 month rate
 (For less than 12 month frequency, note months ad is to run at frequency rate)
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

INSERT(S) [] 12 month rate [] 6 month rate [] 3 month rate [] 1 month rate

Bill us Check enclosed Charge to my Credit Card \$ _____ Amount enclosed or billed.

Contact: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

To pay by credit card please complete the following information and fax to (916) 235-7496 or mail to the address below.

Card Type: MasterCard Visa American Express Discover

Card Number: _____ CCV-CSC# _____

Name On Card: _____ Expiration Date: _____

If company card - Company Name: _____

Cardholders Signature: _____

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