

2026 AD RSVP & RATES



Company Name: _____

Address: _____

State: _____

Phone: _____

Website: _____

Contact Name: _____

City: _____

Zip: _____

Cell: _____

Email: _____

AD RATES

PREMIUM PAGES

☐ 2-Page Spread ☐ \$2,525

☐ Back Cover ☐ \$1,695

☐ Inside Front Cover ☐ \$1,695

☐ Inside Facing Front (Page 3) ☐ \$1,695

☐ Inside Back Cover ☐ \$1,695

☐ Inside Facing Back ☐ \$1,695

INSIDE PAGES

☐ Full Page ☐ \$1,295

☐ 1/2 Page ☐ \$895

☐ 1/4 Page ☐ \$525

☐ Gold Enhanced Listing ☐ \$100

ONLY PREMIUM AD POSITIONS ARE GUARANTEED.

FILL OUT & RETURN TO:

westmonroechamber.org/magazine

Questions???

info@westmonroechamber.org

SEND PAYMENT & MAKE CHECKS PAYABLE TO:

West Monroe West Ouachita Chamber of Commerce
112 Professional Dr.
West Monroe, LA 71291

IMPORTANT: Signed ad agreement and all art materials MUST BE returned to: westmonroechamber.org/magazine

☐ **FREE* Ad Design** when providing your required content:
Photo(s), Logo, Text and Contact information

☐ **Reprint** previous ad

☐ **Make updates** to previous ad

☐ **Submit my own completed ad**
*Built to specifications***

***UP TO 3 REVISIONS ALLOWED FOR FREE AD DESIGNS.
FURTHER REVISIONS WILL INCUR A FEE OF \$125.**

****IF YOUR SUBMITTED AD IS NOT BUILT TO THE CORRECT
SPECS, THE AD IS REJECTED AND SUBMISSION OF A NEW
AD AT THE CORRECT SPECS IS REQUIRED.**

**WE RESERVE THE RIGHT TO CREATE A TEMPLATE AD FOR
YOU AFTER 45 DAYS. NO REVISIONS ALLOWED, EXCEPT
FOR ERRORS.**

PAYMENT TYPE

☐ CHECK

☐ CREDIT CARD (complete fields below)

☐ Mastercard ☐ Visa ☐ Discover ☐ AMEX

Name on Card: _____

Card #: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

Billing Phone: _____

COST

Base Ad Rate + \$ _____

Fees (if applicable) + \$ _____

Total Due = \$ _____

Additional Instructions: _____

Authorized By: _____ Title: _____

Signature: _____ Date: _____