

Punch Needle & Primitive Stitcher™ Magazine

P.O. Box 731, Raymore, MO 64083
Email: Editor@pnpsmagazine.com * Website: pnpsmagazine.com
Phone: (816) 258-0030 Fax: (800)521-1416

SPECIAL DISCOUNTED RATES FOR 2019

Ad Sizes, Specifications and Pricing:

Our printed publication size is 8.5 X 11 inches. The actual trimmed printed pages are 8.25 X 10.75 inches. **We accept copy for both black & white and full color ads and there is no price difference!** Full page ads only can be full-bleed; make sure file copy submitted is sized to 8.75 X 11.25; all others are trimmed. All rates shown apply to Print Ready Ad Copy meeting size and publication standards. You must supply a high resolution image of 300 dpi or more. We prefer written submissions be in PDF format and that images be submitted in a JPEG file. Ad copy is to be emailed to the email address above. Larger files can be uploaded to a special link on our website. A password is required and will be provided when the ad contract is received.

Ad dimensions and pricing are below. PNPS Magazine will be printed 4 times per year. This includes 4 quarterly publications: Spring (Late January), Summer (Late April), Fall (Late July), and the Christmas-Winter Mega Issue (Mid October). If you run your ad in more than one issue you will definitely save! **If you want to run an Inside Cover or Inside Back Cover Ad, please submit your Ad Reservation Request as soon as possible. These are prime ad locations.**

*We know how important Independent Needlework Shops are to our industry whether you are on the street or on the web, so we have a special ad rate just for shops in our Shop Directory pages. You can advertise in just one issue or all five but space is limited so please contact us as soon as possible to secure your ad space and see the dimensions and pricing below. Prices shown are PER ISSUE based on the number of issues your ad will run.

<u>Ad Type</u>	<u>Dimensions</u>	<u>Pricing:</u> (Consecutive Issues)	<u>1X</u>	<u>2X</u>	<u>3X</u>	<u>4X</u>
Full Page Trim	8 x 10.75	Inside Front or Back Cover	\$600	\$575	\$550	\$550
Full Page Bleed	8.75 x 11.25					
Full Page Bleed	8.5 x 11.25	Inside Content	\$580	\$530	\$560	\$525
1/2 Horizontal	7 x 4.75	Same for either size ad	\$300	\$285	\$275	\$265
1/2 Vertical	3.5 x 9.5					
1/4 Horizontal	4.75 x 3.5	Same for either size ad	\$200	\$190	\$180	\$175
1/4 Vertical	3.5 x 4.75					
1/6 Horizontal	4.75 x 2.25	Same for either size ad	\$140	\$135	\$130	\$125
1/6 Vertical	2.25 x 4.75					
1/12 Square	2.25 x 2.25		\$ 75	\$ 65	\$ 60	\$ 55
SHOP OWNER						
Directory Ad	2 X 1.25		\$ 40	\$ 35	\$ 30	\$ 25

Ads are being accepting for these upcoming issues:

Spring Issue (February 2019) – Ad reservation must be made by 12/20/2017 and ad copy must be received by 1/5/2018.

Summer Issue (May 2019) - Ad reservation must be made by 3/1/2018 and ad copy must be received by 03/20/2018.

Fall Issue (August 2019) – Ad reservation must be made by 05/25/2018 and ad copy must be received by 06/19/2018.

Christmas-Winter Mega Issue (October 2019) Ad reservation must be made by 7/25/18 and ad copy must be received by 8/15/2018.

Please email us if you have any additional questions. Thank you!

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2019 Ad Reservation Request & Credit Card Payment Permission Form

Ad Type Requested: _____ Size: _____ Issue(s): _____
(Indicate from above list) (Measurements)

I would like to advertise in Multiple Issues for discounted pricing: 2X 3X 4X
Circle One

Business/Account Name: _____

Address: _____ City/State/Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____ Fax: _____

Please make checks payable to: The Stitching Bear LLC

PLEASE NOTE: All credit card customers agree to allow a direct billing to their card indicated on this form for each successive billing date for ads placed in the publication as per contract on file without having to obtain the user's permission after the initial charge. Credit card customers shall notify us of any changes in the credit card number or expiration date. If for any reason the card is not honored, we will attempt to notify the cardholder by using the current contact information on file. If an alternate payment has not been arranged within 30 days after the date of the invoice, the account will be closed. If the use of the card on file is to be discontinued, instructions to do so must be submitted to us in writing by the customer.

CREDIT CARD INFORMATION

Credit Card Type (Please select one) ___ VISA ___ MasterCard ___ Discover ___ American Express

Card Number: _____ Expiration Date _____ Security Code: _____

Cardholder's Name: _____ Billing Zip Code: _____

Printed Name: _____ Date: _____

Cardholder Signature

Additional Information: _____

This form must be signed and dated. *ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.*
Once this form is received, a copy of your Advertising Order will be emailed to you for review and final approval.
A receipt will be emailed for each order / charge placed on the card authorized above.

**PLEASE FAX COMPLETED FORM TO: (800)521-1416
ALTERNATIVE PAYMENT METHOD:**

Fax / Scan-Email to: Editor@pnpsmagazine.com. Indicate in Additional Information area if you would like to receive a PayPal Invoice and provide that email address. We will be happy to invoice you by this method.

For Office Use Only:

Date Received: _____ Processed By: _____

Authorization Code: _____