

DURATION, RATE AND AD TYPE

- 2021 Quarter 1 (January-March)**
Contract due December 10, 2020; artwork due December 23, 2020; publication date January 1, 2021.
- 2021 Quarter 2 (April-June)**
Contract due March 10, 2021; artwork due March 24, 2021; publication date April 1, 2021.
- 2021 Quarter 3 (July-September)**
Contract due June 10, 2021; artwork due June 24, 2021; publication date July 1, 2021.
- 2021 Quarter 4 (October-December)**
Contract due September 10, 2021; artwork due September 17, 2021; publication date October 1, 2021.

Type of Advertisement

- Member of the Month
- In-Navigation
- Island

Footer advertisement add-on? Yes No

Rate of Advertisement

Member of the Month

1 Month \$1,125 (For DMCVB members only)

In-Navigation Ad

3 Months \$500 (non-member \$625)

6 Months \$900 (non-member \$1,125)

9 Months \$1,250 (non-member \$1,560)

12 Months \$1,500 (non-member \$1,875)

Island Ad

3 Months \$1,000 (non-member \$1250)

6 Months \$1,800 (non-member \$2250)

9 Months \$2,500 (non-member \$3125)

12 Months \$3,000 (non-member \$3750)

Add-On: Footer Banner Ad

Add \$150 per month onto any visitdetroit.com ad purchase. Does not apply to digital magazine sponsorship.

DISCLAIMER: *The DMCVB has discretion over which non-member advertisements can appear on visitdetroit.com.*

Please see media kit for digital file specifications.

Frequency Discount:

Monthly (Member of the Month ONLY)

1 Quarter 2 Quarter

3 Quarter 4 Quarter

Ad rate for each insertion: \$ _____

Add-on - Footer banner ad: \$ _____

Total: \$ _____

Balance due: \$ _____

Payment Terms

All rates are net and are not commissionable. All advertisers or their signed representative(s) (Agency) will be invoiced for the net rate and are responsible for payment in full. No other discounts may be applied. All remittances must be in United States dollars. Terms: Net 30 days.

Advertiser Name _____

Advertiser Contact Name (print) _____

Title _____

Billing Name _____

Billing Address _____

City, State, ZIP _____

Phone _____

Fax _____

Email _____

Salesperson _____

Client Authorization **X** _____

Date _____

Print Name _____

Payment Processing

Send invoice

Check enclosed (payable to DMCVB)

Credit cards: Visa MasterCard American Express

Name _____

Card Number _____

Exp. Date _____

Signature _____