



AD AGREEMENT 2026 COMMUNITY COMPASS

Date: _____

Company Name: _____

Contact Name: _____

Phone: _____

Email: _____

Please indicate which type of advertisement you are interested in purchasing and how many issues. If you choose multiple issues, you will be given an opportunity to place a different advertisement design in each issue, if desired.

Community Compass AD RATES

PREMIUM PLACEMENT

First right of refusal.

Ad x 1 Issue Ad x 2 Issues Ad x 3 Issues

- Back Cover (8x10.25).....\$2,325.....\$4,186.....\$5,930
- Inside Front Cover (8x10.25).....\$1,875.....\$3,376.....\$4,781
- Inside Back Cover (8x10.25).....\$1,875.....\$3,376.....\$4,781
- Full Page (8x10.25).....\$1,400.....\$2,520.....\$3,570

ADDITIONAL ADS

Inside Placement

Ad x 1 Issue Ad x 2 Issues Ad x 3 Issues

- 1/2 Page (8x5).....\$825.....\$1,486.....\$2,104
- 1/4 Page (3.875x5).....\$550.....\$990.....\$1,403
- 1/8 Page (3.875x2.375).....\$375.....\$676.....\$956
- Business Boost (1.85x2.375).....\$150.....\$270.....\$383

Please check which issues to place ad(s):

Summer Fall Winter

Community Compass Ad placement not guaranteed. In fairness to all, ads are randomly positioned.

Signature: _____

Date: _____

Return signed ad agreement to Nancy Simpson via **nsimpson@portageinchamber.com** or mail to Portage Chamber, 6340 E. Main St. , Suite A, Portage., IN 46368

I will submit my digital ready ad to **minuteman_press@msn.com**

**Ad must be 300 dpi, CMYK, exact size of requested ad space, and should be submitted in a pdf format.*

Ad layout & design requested

**Subject to separate additional pricing.*

Additional ad design pricing (Check all that apply)

- Full Page - \$125/ad
- 1/2 Page - \$100/ad
- 1/4 Page - \$75/ad
- 1/8 Page - \$50/ad
- Business Boost- \$25/ad

Ad Placement Cost \$ _____

Ad Design Cost \$ _____

Total \$ _____

One Invoice Invoice Per Issue

PAYMENT

Check *(Payable to Portage Chamber of Commerce)*

Invoice

Credit Card *(complete fields below)*

Name on Card: _____

Card #: _____

Exp. Date: _____

Security Code: _____

Billing Phone: _____

Billing Address: _____

This ad contract authorized by: Client name (please print): _____

Signature: _____

Date: _____

Accepted by Chamber Representative

Initials _____ Date _____