



Full-Color Rates

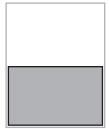
	CLLA Member Rates (per issue)				Non-Member Rates (per issue)			
Size	1	2	3	4	1	2	3	4
Outside Back Cover**	\$1600	\$1475	\$1405	\$1350	\$3200	\$2950	\$2810	\$2700
Inside Front Cover**	\$1405	\$1280	\$1210	\$1155	\$2810	\$2560	\$2420	\$2310
Inside Back Cover**	\$1405	\$1280	\$1210	\$1155	\$2810	\$2560	\$2420	\$2310
Inside Full-Page	\$1180	\$1085	\$1025	\$985	\$2360	\$2170	\$2050	\$1970
2/3 page	\$985	\$930	\$890	\$860	\$1970	\$1860	\$1780	\$1720
1/2 page	\$760	\$705	\$665	\$635	\$1520	\$1410	\$1330	\$1270
1/3 page	\$535	\$480	\$440	\$410	\$1070	\$960	\$880	\$820
1/4 page	\$310	\$255	\$215	\$185	\$620	\$510	\$430	\$370

BEST VALUE!

Size details



Full Page w/Bleed (text stays within the 8x 10.5 in area) 9"w x 11.5"h



1/2 Page 8"w x 5.125"h

Submission Information

TO SETUP:

Please save your finished Ad files as a PDF in the specified size with crop marks if possible. Otherwise, export or save as a TIF or EPS. All your images should be of the highest quality possible for a print publication. All of your fonts/type choices need to be included with your ad. If not, please outline or embed them. Please no photocopies or facsimiles of ads.

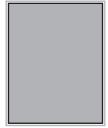
If you would like to have the staff of the Commercial Law League magazine create an ad for you, you must provide all text copy, logos and related art. There will be an additional \$500 fee for each ad created by CLLA staff.

TO SEND:

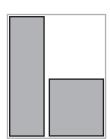
Please include your name with your materials. If you are sending a photo, include the photo credit name, if applicable. If you are sending your ad/image by email, please send it as an attached file. Send by Email or via File Transfer services. If your ad or photo is less than 4 MB in size, email it to: editor@clla.org

*Rates subject to change and are vailable on a first come, first serve basis. Space is not reserved until payment is made in full.

Advertisers are solely responsible for the content of their ads, and assume all liability for content of advertising and for any claims arising therefrom made against the publisher. CLLA reserves the right to reject, cancel, or remove any advertising for any reason at any time. All advertising submissions are subject to CLLA approval. The presence of an ad does not imply endorsement of the advertised company or product.

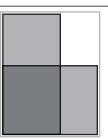


Full Page 8"w x 10.5"h

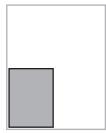


1/3 Page SQUARE 4.625"w x 5.125"h

VERTICAL 2.9375"w x 10.5"h



2/3 Page VERTICAL 4.875"w x 10.5"h HORIZONTAL 8"w x 6"h



1/4 Page VERTICAL 3.75"w x 5.125"h



Commercial Law World (CLW) Print Advertising Payment Form

Completion of this form indicates agreement to purchase the advertising space selected below. Advertising is allotted on a first come, first served basis. Advertisers will receive a written confirmation of purchase and instructions for sending ads and artwork (if applicable). 100% Payment is due with commitment. Please call 847.483.6426 to confirm availability of space. Are you a CLLA Member? \square Yes \square No No refunds or cancellations. Company: Contact Person:______Title: Address: Postal Code: City: _____Fax:___ Phone: Email Address: RATES AND MEMBERSHIP STATUS SUBJECT TO VERIFICATION ADVERTISING SPACE **OUANTITY** Амоинт ADVERTISING SPACE **OUANTITY** AMOUNT Inside Front Cover, Full Page 2/3 Page, Randomly Placed Back Cover, Full Page 1/2 Page, Randomly Placed Inside Back Cover, Full Page 1/4 Page, Randomly Placed Full Page, Randomly Placed 1/3 Page, Randomly Placed TOTAL AMOUNT DUE: \$ This Advertising Commitment Form becomes a binding contract when signed and returned to the Commercial Law League of America along with Payment in Full. Confirming Signature: PAYMENT AND CREDIT CARD AUTHORIZATION Payment Information (Payment must be made in U.S. Funds): Check in the amount of \$ ______, made payable to the Commercial Law League of America. Please mail to: **Commercial Law League of America** Attention: CLW Editor 3005 Tollview Drive Rolling Meadows, IL 60008 ☐ Credit Card Payment in the amount of \$ ______. ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Cardholder Name:___ Billing Address (if different from above): Authorized Signature: Printed Name: Date: Please fax completed form to the following SECURE FAX LINE: 847.584.3939 NOTE: For your credit card safety, all credit card information should be sent by fax or mail to our payment center.

Credit Card Number:______ V-Code:_____ Exp. Date:____/

Any credit card information sent via Email will be automatically deleted.

FOR YOUR PROTECTION, THE SECTION BELOW WILL BE DESTROYED AFTER PROCESSING.