



## Advertiser Information Form

This form may be used to request advertisements in one or more categories. Please indicate your selection(s) in the spaces provided.

### FCOA Membership Directory

_____ Full Page	\$1,500	_____ Half Page	\$1,125
_____ Inside Cover	\$2,000	_____ Quarter Page	\$ 600
_____ Back Cover	\$2,500	_____ Business Card	\$ 300

### AgeWise Newsletter (Six Issues Printed Annually)

\_\_\_\_\_ Annual Sponsorship \$7,000  
 \_\_\_\_\_ Full Page \$500  
 \_\_\_\_\_ 1/2 Page \$375    \_\_\_\_\_ 1/4 Page \$200

### FCOA Website Link (Members Only)

\_\_\_\_\_ Organizational Members: \$50 per year  
 (\$275 w/member dues)  
 \_\_\_\_\_ Corporate Members: Complimentary  
 w/member dues (\$700)

### FCOA Network Alert

\_\_\_\_\_ Annual Sponsorship \$ 2,000  
 \_\_\_\_\_ Alert Sponsorship (4) \$ 200  
 \_\_\_\_\_ Employment/Event Alert (1) \$ 125

### FCOA Website Advertisement

\_\_\_\_\_ FCOA Homepage \$75/month  
 (April-August)  
 \_\_\_\_\_ FCOA Homepage \$50/month  
 (September - March)

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Payment Method:

- Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CV # \_\_\_\_\_  
 (Visa or Mastercard Only) 3-digit code on back of card
- PayPal Invoice Requested (for online and American Express Payments)
- Check # \_\_\_\_\_  
 (Please Make Checks Payable to Florida Council on Aging.)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Return completed form and ad copy to:

Florida Council on Aging ~ 1018 Thomasville Road, Suite 110, Tallahassee, FL 32303  
 Phone: 850- 222-8877 ~ Fax: 850-222-2575 ~ Email: Moreinfo@fcoa.org