



# ADVERTISING ORDER FORM

## ADVERTISER INFORMATION

Company Name

---

Contact Name

Title

Contact Email

Contact Phone

Street Address

---

City

State / Province

Zip / Postal Code

---

## PARTNERSHIP TIERS

Select a tier for year-round visibility across all NMEDA channels or choose à la carte below.

Premier Mobility Partner  
\$15,000

Advanced Mobility Partner  
\$10,000

Mobility Partner  
\$5,000

A La Carte Only  
Select individual options below

## PRINT ADVERTISING - NMEDA NEWS MAGAZINE

Back or Inside Cover (Full Page)  
1x-3x \$2,195 / 4x \$1,760

Center Spread (Full Page)  
1x-3x \$2,850 / 4x \$2,340

Exclusive Issue Sponsorship  
\$3,000 per issue

Full Page  
1x-3x \$1,425 / 4x \$1,140

Half Page  
1x-3x \$775 / 4x \$630

Sponsored Content  
\$2,500 per placement

Preferred issue(s):  March  June  September  November

## EMAIL NEWSLETTER ADVERTISING

NMEDA Now (weekly, Thursdays 2:00 p.m. ET) | Consumer Newsletter (bi-weekly, Tuesdays 11:00 a.m. ET)

Upper Leaderboard  
From \$885/month

Box Ad  
From \$675/month

Lower Leaderboard  
From \$820/month

Dedicated Consumer E-Blast  
\$2,500 per blast

### Newsletter Preference

- NMEDA Now (Member)
- Consumer Newsletter
- Both

### Run Length

- 3 Months
- 6 Months
- 9 Months
- 12 Months



# ADVERTISING ORDER FORM

## WEBSITE BANNER AD - NMEDA DEALER LOCATOR PAGE

728 x 90px leaderboard on the most visited page of nmeda.org

Dealer Locator Leaderboard Banner Ad Run Length  
From \$800/month

3 Months  6 Months  9 Months  12 Months

## SOCIAL MEDIA ADVERTISING

Cross-Platform Bundle (All 3) \$1,100

Facebook (Single Post) \$750

Instagram (Single Post) \$250

LinkedIn (Single Post) \$300

30-Second Industry Partner Video \$500

## PAYMENT INFORMATION

Select your preferred payment method. Details will be confirmed upon order receipt.

Check Payable to NMEDA

ACH / Bank Transfer Banking details provided on confirmation

Credit Card 3% processing fee applies

Invoice Billing Name (if different from contact above) \_\_\_\_\_

Billing Email for Invoice \_\_\_\_\_

## NOTES

Additional instructions, notes, or order requirements.

## AUTHORIZATION

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

By signing, I confirm that the information above is accurate and authorize NMEDA to process this advertising order.

**Submit your completed form to [gary.baker@nmeda.org](mailto:gary.baker@nmeda.org)**