ANNUAL PARTNERS





ANNUAL PARTNER CONTACT INFORMATION

Members receive their choice of a full page colored ad in their magazine issue of choice, or a full page color ad in the Directory for the year, or a custom made video feature on the website. Please complete the form as much as possible.

Owner/ Site Manager/Primary Contact			Date:		
Benefit Selection:	x1 Full page Cold - Directory Opt out of Direct video/social Med	issue of	page Ad - Magazine choice	Video/ Social r member featur visitation	
COMPANYIN	IF O R M A T I O N				
Company Name:					
Owner Name :		What	year were you ded?		
Full Address :					
City / Country :		State :	Zipcode:		
E-Mail :		Phone Num	nber:		
Please select your spec	cific details :				
Which Magazine : Ad? (If Applicable)	Jan/Feb Mar/	/Apr May/Jun	July/Aug	Sept/Oct	Nov/Dec
What month do : you prefer a site visit for video? (If Applicable)	Jan/Feb Mar/	Apr May/Jun	July/Aug	Sept/Oct	Nov/Dec
What date : would you prefer for a site visit?		What else : should we note?			
_	les/ artwork to bjackso sent to bjackson@scca		_	Signature Of Au	thor

