



## The Sand Blaster



The Sand Blaster is the official publication of the **Golf Course Superintendents Association of Cape Cod**. It is an emailed publication which can also be viewed on the website. We offer various advertising opportunities.

Any questions, contact Julie Heston (401) 934-7660 or [admin@gcsacc.org](mailto:admin@gcsacc.org) ; Newsletter Editor: Stuart Eyman, CGCS

### GCSACC Member Rates (per issue):

Full Page (8.5" x 11")	\$150
1/2 Page (7.5" x 5")	\$ 75
1/4 Page (3.75" x 5")	\$ 50

### Non Member Rates (per issue)

Full Page (8.5" x 11")	\$200
1/2 Page (7.5" x 5")	\$125
1/4 Page (3.75" x 5")	\$100

### Patron Listings - cost is \$150 for the year (all 6 issues)

To be included on the Patron Page of the newsletter please include the following information: **Company Name, Contact Information, products and/or services.**

To view our current Patrons, [click here](#).

To view our newsletter, [click here](#).

All advertisers will have their company logo added to the website.

### Advertising Packages: (Save 5%)

- 1/4 page ad for the year (6 issues) = \$280
- 1/2 page ad for the year (6 issues) = \$425
- Full page ad for the year (6 issues) = \$850

\*Advertising packages do not include patron listing

### Issues and Deadlines:

- January/February February 15th
- March/April April 1st
- May/June June 1st
- July/August August 1st
- September/October October 1st
- November/December December 1st
- Patron Listings (all 6 issues) - due March 1st

**Ad Copy Information:** Ad copy can be emailed to Julie Heston at [admin@gcsacc.org](mailto:admin@gcsacc.org) in a JPG, PDF or TIF file format. Microsoft Word and Microsoft Publisher files are also accepted and can be emailed. Ad copy should be sent in full color.

## GCSACC ADVERTISING ORDER FORM

To order online please visit [www.gcsacc.org](http://www.gcsacc.org) (newsletter section)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

SIZE OF AD \_\_\_\_\_

ISSUE(S) \_\_\_\_\_

*(Please indicate # of issues and months in which you wish your ad to appear)*

TOTAL DUE \$ \_\_\_\_\_

Payment Methods: *(Order Form can be faxed to 401-934-9901 or mailed to PO Box 603, N. Scituate, RI 02857)*

Visa     Mastercard     American Express     Discover

Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_