



Wisconsin Horse Council

CouncilLetter

Advertising Order Form

Advertiser: _____

Ad Agency (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip + 4:** _____

Contact Person (please print): _____

Phone: _____ **Fax:** _____ **Email:** _____

Authorized Signature: _____

I am a current WHC member

I am not a current WHC member

I'm joining WHC today

Member Advertising Rates	
\$75.00	Full Page
\$37.50	1/2 Page
\$18.75	1/4 Page
\$10.00	Business Card

Non Member Advertising Rates	
\$100.00	Full Page
\$60.00	1/2 Page
\$35.00	1/4 Page
\$15.00	Business Card

WSHC Annual Memberships	
\$20.00	Level I
\$45.00	Level II
\$100.00	Level III

Run my ad in the following editions:

	January/February		May/June		September/October
	March/April		July/August		November/December

Total Cost:

Ad cost: ____ month(s) at \$ _____/Month	\$	
Membership: (optional)	\$	
Total Enclosed:	\$	

Order, payment, and ad copy should be mailed to:

Wisconsin Horse Council, Inc.
 PO Box 72
 Columbus, WI 53925
 Phone: 920-623-0393
info@wisconsinhorsecouncil.org