



Firm Name: _____

Address: _____

Contact: _____ Phone: _____

Email Address: _____

Contractors PBC License #: _____ Insurance Certificate #: _____

Ad Size: _____ # of Months: _____ Start/End Date: _____ Cost Per Issue: _____ Total Enclosed: _____

All ads must be contracted for a minimum of 3 issues (1/8-page ads for six issues) and paid for when submitting your add material.

Place your ad by the 5th of the month for the next issue. For questions email Robynn Johnson at robynn.johnson@castlegroup.com All ads should be in .jpg or .png format.

Please enclose a check payable to **BVHOA** with a copy of the ad, and the completed order form (with a signature) to the address below.

Buena Vida Newsletter, Robynn Johnson, 1961 Via Buena Vida Blvd., Wellington, FL, 33411.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please Note: No refunds for cancelled ads.

Copy Regulations:

- All advertising copy is subject to publisher's approval.
- Advertisers assume liability for all contents of their ads.
- Positioning of the ad is at the discretion of the publisher, except where a request for a specific position is acknowledged by the publisher in writing.
- Publisher assumes no liability for errors with the camera-ready ads supplied by the advertiser.