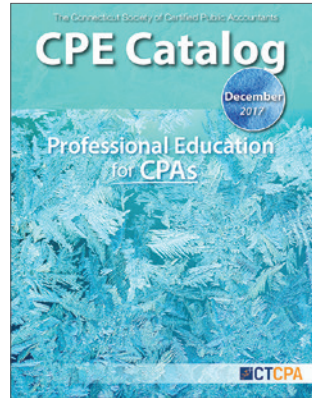
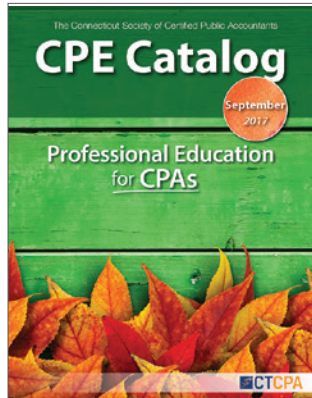
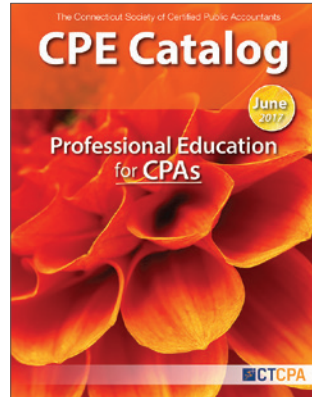
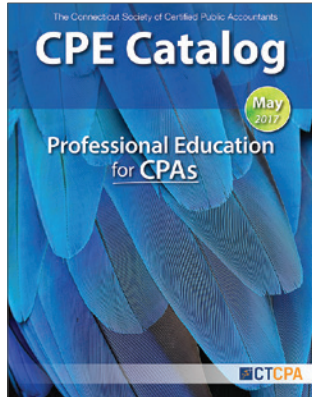




Continuing Professional Education Catalog



Ad Sizes/Rates

Premium Placement	Dimensions	Price
Outside Back Cover	7.5" x 5.5"***	\$1,250
Inside Front Cover	7.5" x 10"*	\$1,000
Inside Back Cover	7.5" x 10"*	\$1,000

Interior Pages	Dimensions	Price
Full page	7.5" x 10"*	\$750
Half page	7.5" x 5"	\$500

Specific positioning for interior ads is not available.

*Full-page ads with bleeds may be 8.5" x 11" plus 1/4" bleeds.

**Outside back cover ad with bleeds may be 8.5" x 6" plus 1/4" bleeds.

All ads appear in CMYK color. Rates are per issue, net.

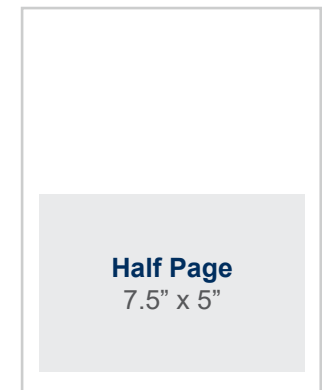
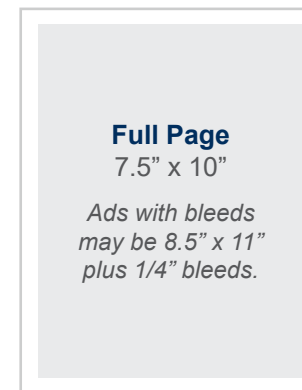
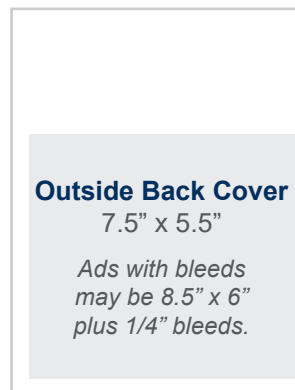
CTCPA reserves the right to refuse any advertisement.

Submission Deadlines

May issue	April 3
June issue	April 3
November issue	September 18
December/January issue	October 18

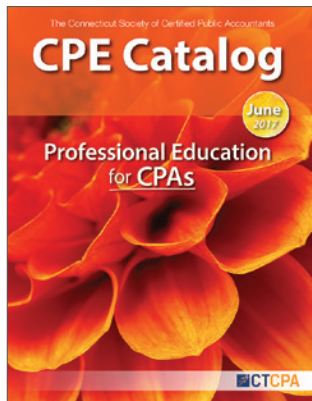
Please contact Melissa Thompson at melissat@ctcpas.org or 860-258-0229 to confirm availability for premium placement advertisements.

➤➤ The Continuing Professional Education (CPE) Catalog consists of four full-color issues highlighting seminars offered May through January. The catalog is mailed to approximately **5,000 Connecticut accounting professionals.**





CPE Catalog Insertion Order



Size of Advertisement

Premium Placement

- Outside Back Cover (partial page)
- Inside Front Cover (full page)
- Inside Back Cover (full page)

Interior Pages

- Full Page
- Half Page

Issue(s) for Placement

Issue	Deadline
<input type="checkbox"/> May	April 3
<input type="checkbox"/> June	April 3
<input type="checkbox"/> November	September 18
<input type="checkbox"/> December/January	October 18

Cost Calculation

$$\frac{\text{cost per issue}}{\text{cost per issue}} \times \frac{\text{\# of issues}}{\text{\# of issues}} = \frac{\text{total cost}}{\text{total cost}}$$

Ad Submission

Please contact Melissa Thompson at melissat@ctcpas.org or 860-258-0229 to confirm availability for premium placement advertisements.

Email high-resolution PDF materials to Melissa at melissat@ctcpas.org.

Payment Information

Company Name _____

Contact Person _____

Phone _____ Fax _____

Email _____

Amount Due \$ _____ Check to CTCPA Visa MasterCard AmEx

Card# _____

Exp Date _____ CVV Code _____

Cardholder's Name _____

Cardholder's Signature _____

Billing Address Street _____

City, State, Zip _____