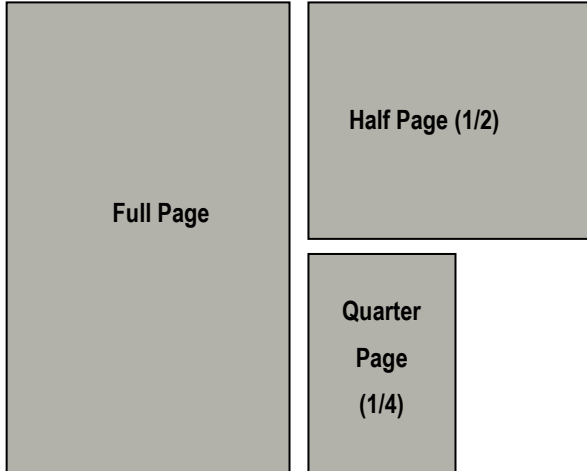




ABC, CENTRAL PENNSYLVANIA CHAPTER 2022 MEMBERSHIP DIRECTORY



Our 2022 ABC, Central PA Chapter membership directory offers tremendous opportunity for your company:

RELEVANT AND TARGETED: Readers of this publication are involved in Central Pennsylvania's commercial construction industry. They reflect the area's top general and specialty contractors; engineering and design professionals; developers; affiliated industry professionals; and federal, state, and local government officials. In other words - your current and future clients.

LONGEVITY: Increase your exposure! Your company profile will be included in this invaluable resource offering year-round exposure, referred to throughout the year.

ESTABLISH AN IMAGE: When it comes to promoting your business, image counts! Be seen in the right places at the right time by the right people.

INDUSTRY CONNECTIONS: By participating in this membership directory, you can build and strengthen relationships with prospective and existing clients.

VALUE: This exclusive member benefit is utilized by construction industry leaders and decision makers and helps to grow your business.

ADVERTISING RATES & DIMENSIONS:

All ads are full color and on a first come, first served basis. Please select one of the following (w x h):

<input type="checkbox"/> Front Cover	5 1/4" x 8 1/4"	\$1400
<input type="checkbox"/> Back Cover	5 1/4" x 8 1/4"	\$1300
<input type="checkbox"/> Inside Front Cover	5 1/4" x 8 1/4"	\$1100
<input type="checkbox"/> Inside Back Cover	5 1/4" x 8 1/4"	\$1100
<input type="checkbox"/> Full Page	5 1/4" x 8 1/4"	\$900
<input type="checkbox"/> Half Page	5 1/4" x 3 7/8"	\$600
<input type="checkbox"/> 1/4 Page	2 1/2" x 4"	\$400

Please email your ad to Terri Confer, tec@abccentralpa.org as a PDF or JPEG by Friday, November 5, 2021.

Please make checks payable to: ABC, Central PA Chapter P.O. Box 565 Milesburg, PA 16853

Company: _____

Contact: _____

Phone: _____

Email: _____

Total: \$ _____ Check Enclosed MasterCard VISA

Account #: _____

CVV: _____ Exp. Date: _____

Billing Address: _____

Authorized Signature: _____