



California Quarter Page Ad Network Agreement Form

My newspaper(s) agree to participate in the California Quarter Page Ad Network effective October 1, 2010.

My newspaper(s) agree to publish such ads once during the specified week. I understand that my newspaper(s) will be paid its share from the 70% net revenue pool based on participation.

I understand that the network will offer statewide, regional and customized regions and that the regional revenue split will be based on the same percentage as the statewide.

CNPA Ad Services will email ad copy in a PDF on the Wednesday preceding the week in which the quarter page ads are to run. Ad sizes will be 3-col. x 10.5" for metro papers and 3-col. x 7" for tab papers.

If participation warrants, larger network ads in half-page and full-page sizes may also be sold and all monies will be divided by the same formula. In other words, my newspaper(s) get paid double for a half-page ad and four times as much for a full-page ad.

My newspaper will also accept: half-page network ads full-page network ads

My newspaper agrees to submit one tearsheet or e-tear to CNPA as proof of publication as soon as the ad runs. CNPA will pay my newspaper(s) 30 after the last day of the month that the ad runs per formula from the net revenue pool once proof of publication has been received.

I understand that for every quarter page ad my newspaper(s) sell into the statewide network, we will receive 15% of the sales price. The remaining amount is split between CNPA Ad Services (15%), and all participating newspapers (70%).

I understand my newspaper will not be paid for ads not run, and that failure to run ads could mean termination of my newspaper(s) from the network.

This agreement renews automatically and may be terminated by either party with a 90 day notice. Please note that your revenue will be based on 50% of your open rate listed below. This rate will be valid until 12/31/11.

Print the name of the publisher or ad director: _____

Signature of publisher or ad director: _____

Newspaper name: _____ Date: _____

Open retail rate: _____ 3 col. Width: _____ 6 col. Width _____ Page depth: _____

Day(s) of the week published: _____ Circulation: _____

Please direct the weekly quarter page ads to:

Name: _____ Title: _____

E-mail address(es): _____

Telephone: (____) _____ Fax: (____) _____

Please fax the completed form to: (916) 288-6003 by 10/31/10.