



2016 NAPIA MEMBERSHIP DIRECTORY ADVERTISING RATES & SPECIFICATIONS

Eligibility:

All firms, individuals and other entities involved in the first party property insurance community can advertise in the 2016 NAPIA Membership Directory.

**Frequency /
Ad Packaging:**

Your advertisement will gain valuable exposure over a period of two years in the bi-annual publication.

Circulation:

NAPIA members and other first party property insurance claims professionals, vendors, regulators, legislators, first responders, insureds and more.

Advertising Rates

	<u>NAPIA Member Rate</u>	<u>Non Member Rate</u>
Inside Front Cover <i>Reserved</i>	\$2,340	\$2,600
Inside Back Cover	\$2,070	\$2,300
Full Page	\$1,665	\$1,850
Half Page	\$1,215	\$1,350

Deadline: All insertion orders must be submitted by August 19, 2016. Ad copy must be submitted by August 26, 2016.

Complete the Advertising Insertion Order Form and submit with check to:

NAPIA
21165 Whitfield Place, #105
Potomac Falls, VA 20165

Or e-mail / fax with credit card payment to: info@napia.com / 703-433-0369

Questions? Call NAPIA at 703-433-9217



2016 NAPIA MEMBERSHIP DIRECTORY ADVERTISING INSERTION ORDER FORM

NAPIA Member Rate Non Member Rate

~~Inside Front Cover~~ **Reserved**

Inside Back Cover	<input type="checkbox"/> \$2,070	<input type="checkbox"/> \$2,300
Full Page	<input type="checkbox"/> \$1,665	<input type="checkbox"/> \$1,850
Half Page	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$1,350

- I am a NAPIA member.
- I am not a NAPIA member, but I would like to receive membership information.

Name _____

Company _____

Street Address _____

City / State / ZIP _____

Phone (_____) _____ Fax (_____) _____

E-Mail Address _____

Signature _____ Date _____

(very important)

ORDER DEADLINE – August 19, 2016 / **ARTWORK DEADLINE** – August 26, 2016

Requests for placement will be accepted on a first come, first served basis.

PAYMENT		
Total Amount Enclosed/Charged:\$ _____	<input type="checkbox"/> Check Enclosed <small>(Make check payable to NAPIA)</small>	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Card Number _____	Expiration Date _____	Security Code on Card _____
Billing Address/City/State/Zip _____		
Name on Card _____	Card Holder Signature _____	

Mail completed order form with payment to:

National Association of Public
Insurance Adjusters
21165 Whitfield Place, #105
Potomac Falls, VA 20165

MC / VISA / AMEX credit card orders may e-mailed / faxed to: info@napia.com / 703-433-0369