

# Independent Insurance Agents and Brokers of Arizona



## 2017 MEMBERSHIP DIRECTORY ADVERTISEMENTS

DATE: November 28, 2016

TO: IIAB of Arizona Members & Arizona Associate Members

FROM: Terri S. Edwards, CIC, CISR — Assistant Vice President

The Independent Insurance Agents and Brokers of Arizona is preparing to publish the 2017 Membership Directory in January 2017. To help offset publication costs, we accept advertisement in the directory. Many of you have done this with beneficial results.

The publication is distributed to all Members and Associate of the Association which is over 570 insurance agencies and companies. This is an excellent opportunity for your firm's advertisement to reach the P&C insurance agencies throughout Arizona.

Advertisements must be received no later than January 10, 2017 in electronic format. You may email your advertisement in pdf, jpg, eps, Publisher, or Word file to [terri@iibaz.com](mailto:terri@iibaz.com) with a copy to [iibazmail@gmail.com](mailto:iibazmail@gmail.com). Please ask for a reply verification of receipt. If none received, please contact me regarding that email.

Advertisements should be submitted in full color. Bleeds or crops are not necessary. We do not have tear sheets.

Payments must be received with the advertisement or in advance. Checks should be made payable to: IIBAZ and mailed to 333 E. Flower Street, Phoenix, AZ 85012 - Attention Terri Edwards or you may use the form below for credit card payments. We accept American Express, Discover, MasterCard, and Visa.

The Directory will be 8 1/2" x 11" PORTRAIT and costs for advertising will be as follows:

1 page = 7 1/2" x 10" - \$475.00      1/2 page = 7 1/2" x 4 1/2" - \$375.00      1/3 page = 7 1/2" x 3" - \$325.00

Your Support of the Association is appreciated.

If you have any questions, please contact me.

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### CREDIT CARD PAYMENT FORM

AMERICAN EXPRESS     DISCOVER     MASTERCARD     VISA    \$\_\_\_\_\_ amount to charge

Card No: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Billing Address (w/City/St/Zip): \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Receipt emailed:  YES  NO

Return completed form in the mail to 333 East Flower Street, Phoenix, Arizona 85012 OR Email [terri@iibaz.com](mailto:terri@iibaz.com) OR Fax (602) 468-1392.