Advertising Order Form

Please reserve the following space for the 2023 Hawai'i Statewide Official Visitors' Guide.

If purchasing two of same ad size, please fill out another form.

DISPLAY ADVER	RTISING Che	eck the appropriate box	(es).				
Back Cover		\$45,000.00	² / ₃ Page Vertical\$8,550.00				
Inside Front Cover			1/2 Page Vertical				
Inside Back Cov		¹ / ₂ Page Horizontal \$6,525.00					
Spread		¹ / ₃ Page Vertical					
Inside Front Cov		1/ ₃ Page Square\$4,425.00 1/ ₆ Page Vertical\$2,212.50					
	•	\$15,000.00 \$15,000.00	¹/6 Page vertica	ll		\$2,	212.50
	_	\$15,000.00	ENHANCED LIS				
Island of Hawai	_	Preferred Directory Placement \$1,000.00					
Full Page		TOTAL (GE Tax 4.712% added)					
Please check availability for	or premium sections	by contacting a sales represer	tative listed below.				
Payment due upon receip Fields outlined in red are		ces will be sent upon receipt of	of advertising order form. S	Send Invoice to:	Adverti	ser A	d Agency
Company Name (As will a	appear in directory)	Advertising Agency					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Phone	Fax		Phone	Fax			
Email			Email				
Contact Name			Contact Name				
have read and accept t	he conditions out	lined below and wish to res	erve advertising as indicat	ted.			
cancelled after the acceptance on accordance with instructions, which it considers unsuitable. The alow surcharge applies for present required to provide proofs o	deadlines (as indicated no liability will be acce the position of advertise eferred positioning. Inse f advertisements prior	lowing rules and conditions govern a in the media kit) will be subject to a c pted for any loss caused by omission ements — except where special arraretion orders submitted by Agencies to publication. HVCB will not be liable. If payment is not received by due	ancellation fee of 100%. While care 1, alteration, or misplacement. HVC 1, gements have been made at appr 1, bind both the Agency and the Adv 2, or damage arising in	e has been taken to er CB reserves the right opriate cost – will be ertiser to the terms an n relation to or in coni	nsure the insert to amend or rej at the discretion and conditions o	ion of an ac ect any ad n of HVCB f this contr	vertisement vertisements If available, act. HVCB is
SUBMIT ALL OR	DER FORM	S TO: submissions@	nvcb.org				
TO PAY ONLINE	– go to: hvcb	.org/payments					
TO PAY BY CRE	DIT CARD –	provide authorization	details below and ser	nd to submiss	ions@hv	cb.org	
Name of Credit Card Hold	der (as it appears or	card)					
Billing Address			City	State	Zip		
Card Number			Expiration Date	CSV	VISA	МС	AMEX
	•	mail check with adverti eau – 2270 Kalākaua	_	onolulu, Haw	aiʻi 96815	5	
€ CONTACT							
SR DIRECTO	OR OF MEMBERSHIP	AND COMMUNITY ENGAGEMENT	Karen Wataru Nakaoka	knakaok	a@hych ord	808 Lr	924-0231