

OKLAHOMA TELEPHONE ASSOCIATION
2019 Calendar Year
INVOICE

Annual Associate Membership Dues only \$275.00

Advertising & Associate Membership Dues \$575.00

_____ (Use last year's ad)

_____ (Will send new ad)

Advertising not available after February 28, 2019

Total enclosed _____

Please complete the enclosed form for directory information and return with your remittance by January 31, 2019 to the address listed below.

If you wish to advertise, please follow the instructions enclosed and return the advertisement with your information sheet and remittance.

The Oklahoma Telephone Association would like to thank you for your continued support.

Please make checks payable to: **Oklahoma Telephone Association** and return with your information sheet and advertising to:

Oklahoma Telephone Association
3800 N. Classen Blvd, Suite 215
Oklahoma City, OK 73118

Payments for membership and advertising will be accepted in one check.

Name of Company

**OKLAHOMA TELEPHONE ASSOCIATION DIRECTORY
2019 Advertising Instructions**

If you wish to advertise in the Oklahoma Telephone Association Directory for 2019, the rate is \$300 for a full page ad (5" x 8"). **For advertising, you must use the following criteria.**

Criteria for Ads

Full Page Ads – Black and White Only

Full Page Ad Size (no bleed) – 4 ¾" X 7 ¾"

Digital Files Only

Digital Requirements: Only digital files in the following format will be accepted. Materials not meeting the following specifications may be subject to additional charge.

- PDF, JPEG and TIFF files, save as Greyscale at 300 dpi for the full page ad size
- Send with Hard-Copy or Printed Proof (may send via e-mail)

Additional Charges:

- Ad material sent as laser prints or other hard copy - \$15.00 additional per ad scanning fee.
- Ad materials requiring additional digital or other product to meet the above specifications will be billed at \$75.00 per hour. Fee amount will be quoted to advertiser in advance of additional work being performed.

Company Name: _____

Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Area Code: _____ **Telephone #:** _____

Contact for Ad: _____

Telephone (if different than above) Area Code: _____ **Tel. #:** _____

Payment for advertising may be included with your Membership Fee and returned to the:

**Oklahoma Telephone Association.
3800 N. Classen Blvd, Suite 215
Oklahoma City, OK 73118**

All material for ads should be submitted no later than February 15, 2019.

2019
OKLAHOMA TELEPHONE ASSOCIATION

**ASSOCIATE MEMBER
INFORMATION AND DATA SHEET**

The information below will reflect how your company is listed in the 2019 Oklahoma Telephone Association Directory. **Please type or print.**

Company Name: _____
Street Address: _____
Mailing Address (if different than above): _____
City: _____ State _____ Zip _____
Telephone: Area Code: _____ Telephone #: _____
FAX #: Area Code: _____ Telephone #: _____
e-mail: _____
web address: _____

OTA Contact Person (or persons) you want listed in the OTA Directory (limit 2)

Name: _____
Address: _____
City: _____ State _____ Zip _____
Telephone: Area Code: _____ Telephone #: _____
FAX #: Area Code: _____ Telephone #: _____
e-mail: _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Telephone: Area Code: _____ Telephone #: _____
FAX #: Area Code: _____ Telephone #: _____
e-mail: _____

Additional contact (for e-mail notifications only)

Name: _____
e-mail: _____
Telephone Area code: _____ Telephone #: _____

MEMBER PRODUCT & SERVICES DIRECTORY

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> ACCESS SERVICES | <input type="checkbox"/> INSURANCE SERVICES |
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> INTEREXCHANGE SERVICES |
| <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> INTERNET SERVICES |
| <input type="checkbox"/> ASSOCIATION SERVICES | <input type="checkbox"/> INTERNET HELPDESK PROVIDER |
| <input type="checkbox"/> ATTORNEYS | <input type="checkbox"/> ISDN PRODUCTS |
| <input type="checkbox"/> BILLING and/or COLLECTION SERVICES | <input type="checkbox"/> LEGAL/REGULATORY SERVICES |
| <input type="checkbox"/> BROADBAND TRANSMISSION SERVICES | <input type="checkbox"/> LONG DISTANCE (Resale) |
| <input type="checkbox"/> BUSINESS APPRAISERS | <input type="checkbox"/> MANUFACTURER REPRESENTATIVE |
| <input type="checkbox"/> CABLE TV EQUIPMENT & SERVICES | <input type="checkbox"/> MAPPING SERVICES |
| <input type="checkbox"/> CARRIER EQUIPMENT | <input type="checkbox"/> MARKETING & PUBLIC RELATIONS |
| <input type="checkbox"/> CELLULAR | <input type="checkbox"/> MERGER & ACQUISITION SPECIALISTS |
| <input type="checkbox"/> CENTRAL OFFICE EQUIPMENT | <input type="checkbox"/> MOBILE COMMUNICATIONS |
| <input type="checkbox"/> COMMUNICATIONS EQUIPMENT | <input type="checkbox"/> NETWORK DESIGN/ CONSTRUCTION |
| <input type="checkbox"/> COMPUTER HARDWARE | <input type="checkbox"/> NOT-FOR-PROFIT/TRADESHOW |
| <input type="checkbox"/> COMPUTER SOFTWARE | <input type="checkbox"/> OPERATOR SERVICES |
| <input type="checkbox"/> CONSTRUCTION EQUIPMENT | <input type="checkbox"/> OSP CONTRACTING & ENGINEERING |
| <input type="checkbox"/> CONSULTING SERVICES | <input type="checkbox"/> PAGING SYSTEMS |
| <input type="checkbox"/> DATA PROCESSING SERVICES | <input type="checkbox"/> PERSONAL COMMUNICATIONS SERVICES |
| <input type="checkbox"/> DIRECTORY ASSISTANCE SERVICES | <input type="checkbox"/> POWER PRODUCTS/SYSTEMS/ EQUIPMENT/SERVICES |
| <input type="checkbox"/> DIRECTORY PUBLISHERS | <input type="checkbox"/> PROTECTIVE EQUIPMENT |
| <input type="checkbox"/> ENGINEERING SERVICES | <input type="checkbox"/> RISK MANAGEMENT |
| <input type="checkbox"/> FIBER OPTIC COMMUNICATIONS | <input type="checkbox"/> STRATEGIC BUSINESS PLANNING |
| <input type="checkbox"/> FINANCIAL SERVICES | <input type="checkbox"/> TEST EQUIPMENT |
| <input type="checkbox"/> INFORMATION TECHNOLOGY SERVICES | |



BILLING AUTHORIZATION FORM

I authorize you to charge my bill directly to the credit card listed below:

Company Name: _____

Charge to: Visa Discover MasterCard` AmEx

Card # _____ Security Code _____ Exp. Date: _____

Signature: _____

Print Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Today's Date: _____

Apply payment to:

\$275 Membership Dues Only \$575 Membership Dues & Directory Advertising

Summer Conference Technical Conference

Accounting Conference

Other: _____