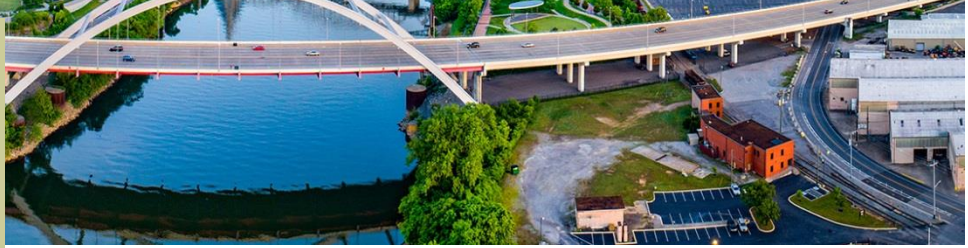




# Advertising ~ Directory 2022



**Please indicate your ad size & color preference.**

- Half page (**black and white**)  
4.625" W x 3.375" H **\$200.00**
- Tab page-half page (**black and white**) 4.625" W x 3.375" H **\$250.00**
- Full page-(**black and white**)  
4.625" W x 7.125" H **\$350.00**
- Tab page-full page (**black and white**) 4.625" W x 7.125" H **\$400.00**
- Premium Inside Cover (**color**)  
4.625" W x 7.125" H **\$450.00**
- Premium Inside Back Cover (**color**) 4.625" W x 7.125" H **\$450.00**
- Premium Back Cover (**2 color**)  
4.625" W x 7.125" H **\$500.00**
- Premium Tab Pages**
- First Tab, Right page **\$500.00**
- Annual Sponsor Section, left page **\$450.00**
- Association Leaders and Homeowners section, left page **\$450.00**
- Business Partners section, left page **\$450.00**
- Community Managers section, left page **\$450.00**
- Management Companies section, left page **\$500.00**
- BOLD the Text of your Contact Information Listing **\$ 50.00**

**Previous 2021 Premium Advertisers have the "first right of refusal" until March 25, 2022.**

Promote your products and services to the entire Community Association Institute of Tennessee membership. This quarterly publication is sent electronically to every member of TN CAI. That's over 350 members!

The Directory is used by members as a primary resource when searching for products and services to meet their needs. It's a vital resource for all members. Advertising in the Tennessee Chapter of CAI puts you at their fingertips!

**Advertising Sizes & Prices**

**(Please indicate your ad size & color preference)**

If you are a first-time advertiser with no previous artwork, contact the chapter office at 615.874.0031.

**Mail Payments to  
Tennessee Chapter of CAI**  
211 Donelson Pike,  
Suite 106  
Nashville, TN 37214  
**Phone: 615.874.0031**  
**E-mail: [info@caitenn.org](mailto:info@caitenn.org)**

**Return this completed form to [info@caitenn.org](mailto:info@caitenn.org) by March 25, 2022.**

Yes, I'd like my ad to appear in the Annual Chapter Directory!

Company Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
 Bill Account: \_\_\_\_\_ Payment Enclosed: \_\_\_\_\_  
 Non-Members add 50% to above pricing.

**No Refunds or Cancellations Permitted.**