



Builders Exchange
of Northwest Michigan

The 2024-25 Membership Directory will be distributed in December-print and online. It will be sent to engineers, architects and plan issuers as well as each member company. Please fill out the attached information to RESERVE your AD SPACE. First come, first serve. Previous advertisers have first right of refusal.

2024-2025 Membership Directory

- ✓ Verify your information on the website
- ✓ Reserve your ad space
- ✓ Branch listing?
- ✓ Classification listings

A. VERIFY YOUR COMPANY INFORMATION – To make sure your company information is correct, please verify it on your deskpad, **after you have logged into the BX website**. If you are an affiliate member, we will be calling you to make sure we have your updated information.

B. RESERVE YOUR AD SPACE – Send high-resolution **.JPG** or **.PDF** to shawn@bxtvc.com

These ads need bleeds – files should be 5" x 8 1/4"

- | | |
|--|---|
| <input type="checkbox"/> Back Cover (4 3/4" W x 8" H)* | \$750 - includes color FILLED |
| <input type="checkbox"/> Inside Back Cover (4 3/4" W x 8" H)* | \$650 - black & white or \$700 for color (circle one) FILLED |
| <input type="checkbox"/> Inside Front Cover (4 3/4" W x 8" H)* | \$650 - black & white or \$700 for color (circle one) FILLED |
| <input type="checkbox"/> Business Card | \$75 - black & white or \$100 for color (circle one) |
| <input type="checkbox"/> Half page (3 3/4" W x 3 1/2" H) | \$200 - horizontal ad black & white or \$250 for color (circle one) |
| <input type="checkbox"/> Full page (3 3/4" W x 7 1/4" H) | \$300 - vertical ad black & white or \$375 for color (circle one) |

FILL THIS OUT IF YOU ARE RESERVING SPACE FOR AN AD.

CONTACT NAME _____

COMPANY NAME _____

PHONE _____ FAX _____ EMAIL _____

C. SECOND OR THIRD LOCATION (BRANCH)? Must be same company name. Your main office/location will be listed automatically. **Each additional address is \$150 each.**

LOCATION #2 CONTACT NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ FAX _____

LOCATION #3 CONTACT NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ FAX _____

D. CLASSIFICATIONS LISTINGS – Please see the attached list. Three (3) classified listings are available at no charge. **Additional classified listings are \$20 each.**

Mail, fax or email by Friday, November 15, 2024