



2012 ADVERTISING OPPORTUNITIES

Dear Self Storage Service Provider:

As a professional in the self storage industry, it is so important that your products and services are promoted to a qualified target market. Our mission is to *provide members with quality education, industry standards, networking opportunities, and guidance to protect, promote and enhance self storage business practices and operations of the self storage industry in Wisconsin.* By advertising in our publications, you have the chance to reach over 200 self storage operators on a quarterly basis.

As our membership constitutes the majority of the self storage operators in Wisconsin, the newsletter/website is a worthwhile advertising expenditure in 2012! Please do not hesitate to call if you have additional questions about WSSA or its publications.

Sincerely,

Barbara Scheibe, WSSA Executive Director, 262-786-3960, info@wiselfstorage.org

AD SIZES	Price / E-mail Campaign - 1 Issue	Price / E-mail Campaign - 2 Issues	Price / E-mail Campaign - 3 Issues	Price / E-mail Campaign - 4 Issues
Logo Advertisement <i>(Includes link to your website)</i>	\$100 / \$150	\$95 / \$145	\$90 / \$140	\$85 / \$135
Home Page Banner Ad on Website	6 months - \$300 <small>*Available to WSSA Associate Members ONLY</small>		12 months - \$500 <small>*Available to WSSA Associate Members ONLY</small>	

****First number indicates member rate / second number indicates non-member rate****
Price per issue decreases for each additional issue you advertise in

Not a WSSA Member? Become an Associate Member for \$250!

Benefits include:

- Access to over 200 self storage owners
- Company information listed under the Vendor Yellow Pages on website
- Discounted pricing on seminars and programs
- And more!

I wish to advertise in the e-newsletter/website:

Company Website Address: _____
E-mail your logo/banner ad in JPEG format to info@wiselfstorage.org

I want to become a member - Associate Membership - \$250

Calculate your total: \$ _____ (Multiply price per issue x number of issues)

Contact Information:

Company: _____
Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____ FAX: _____
E-mail: _____

- Enclosed is a check for _____ payable to WSSA.
 Mastercard/Visa (circle one) - **(The Full Billing Address associated with the credit card MUST accompany the card number.)**

Card No. _____
Exp. Date: _____ 3-Digit Customer Code _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____