



Buyer's Guide Advertising Rates

The Tri-State Vendor Buyer's Guide (VBG), listing all of the Tri-State CAMP Conference Exhibitors, is distributed at the show to every one of the **3000+ attendees**. An ad will highlight your company and bring additional business from the attendees who refer to the manual, throughout the year, when they buy products and services.

This Program Book serves as a year-round Vendor Guide for camps and is a heavily used resource for camp directors.

Advertising Rates & Sizes

Full Page Ad – 4 color, Outside Back Cover	\$1,299.00
Full Page Ad – 4 color, Inside Back Cover	\$1,000.00
Full Page Ad – Black and White	\$450.00
Half Page Ad – Black and White	\$300.00

Ads will be sold on a first come first serve basis.

To place an ad in the 2025 VBG, please complete the form and return it with the total cost payable by check (made payable to ACA, NY) or credit card (Visa, MasterCard, or American Express). In order to reserve your ad, this form **MUST** be received with full payment and art work by **MONDAY JAN 26th, 2026.**

AD DIMENSIONS

Full Page (with bleed)	Trim	6.25" x 9.5"	Bleed	6.5" x 9.75"	Live Area	6.0" x 9.25"
Half Page (with bleed)	Trim	6.25" x 4.25"	Bleed	6.5" x 4.5"	Live Area	6.0" x 4.0"

ART SPECIFICATIONS

BLACK & WHITE ADS:

- * Camera Ready line art to size or provide as a 1200 dpi tif, eps, or pdf file.
- * MAC QuarkXpress file or hi-res tif, eps or pdf file with laser proofs. Please provide all art and screen printer fonts.
- * Hi-Res art (other than line art) should be provided at 300 dpi.

All ads that are sent incomplete and need extra prep work by our printer will be charged to you at cost.

Exhibitor Company Name: _____

Name of Contact Person: _____

Address: _____

Phone: _____ E-Mail: _____

Ad Size: ☐ Full Page ☐ Half Page ☐ Outside Back Cover ☐ Inside Back Cover

Ad Cost: _____

Payment Form: ☐ Check (made out to ACA, NY&NJ) ☐ Visa ☐ MasterCard ☐ AmEx

Card Number: _____ Exp. Date: _____ CVV: _____

Name as it appears on the card: _____

Billing Address: _____

Signature: _____ Date: _____

When the form is completed, please scan and email to samara@acanynj.org

Check can be mailed to: ACA, NY & NJ, 121 W. 36th St., Suite 422, New York, NY 10018

Any questions? Email Samara at samara@acanynj.org