

BULLETIN BOARD ADVERTISING FORM

COVINGTON PUBLIC ACCESS CHANNELS

678-212-6153

Ad received in the Telecommunications Department after 12:00pm will [not] air until the following business day.

Name: _____

Address: _____ City: _____ State: _____

Phone: _____

Email: _____

START ON _____

NO END DATE

END AFTER _____ occurrences.

END BY (date) _____

I want a recurring ad airing regularly with the following schedule:

WEEKLY

Every ___ week(s) on: < Su < Mo < Tu < We < Th < Fi < Sa

MONTHLY

Day _____ of every ___ month(s)

OR

< First < 2nd < 3rd < 4th < Last
< Day < Weekday < Weekend Day
< Su < Mo < Tu < We < Th < Fr < Sa
< Every ___ month(s)

(We are upgrading equipment and advertising is a courtesy service until upgrades are complete.)

Advertising Content

TEXT FOR ADVERTISEMENT

(We provide basic layout for your ad, however graphic design is not included.)

We do not accept printed copies or original photographs. We ONLY accept DIGITAL CONTENT (pictures, video, graphics or design work in the following file formats JPG, PNG, PSD, AI, MPG, MP4, MOV). Required artwork pixel dimension size is 1920 x 1080.

Email digital content and this Advertising Form to covads@cityofcovington.org. Large files needed to be uploaded directly to the Telecommunications Department. Please call to receive a proprietary upload site.

Signature: _____