



2026 Directory Advertising Covers

Company Name _____

Contact Person _____

Billing Address _____

Phone _____ Fax _____ E-Mail address _____

Place my ad on:

<input type="checkbox"/>	Back Cover @ \$1000
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<input type="checkbox"/>	Inside Front Cover @ \$500
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<input type="checkbox"/>	Inside Back Cover @ \$500
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Your ad copy should be a full color, CMYK, 300 dpi ad saved as a PDF file. There are no bleeds in these ads. Please send your ad as an electronic file to dslaughter@gowv.com.

Approved by: _____ Date: _____

DEADLINE: December 19, 2025

Please complete this FORM and return it with your PAYMENT to:
Katie McCracken, GO-WV, 300 Summers Street, Suite 820, Charleston, WV 25301
Voice: 304-344-9867 E-mail: kmccracken@gowv.com.
ALSO send the completed FORM with your ad copy to: Diane Slaughter, APR at
dslaughter@gowv.com.