

# Independent Insurance Agents and Brokers of Arizona



## 2024 MEMBERSHIP DIRECTORY ADVERTISEMENTS

TO: IIAB of Arizona Members & Arizona Associate Members

FROM: Terri S. Edwards, CIC, CISR — Executive Vice President

The Independent Insurance Agents and Brokers of Arizona is preparing to publish the 2024 Membership Directory in February 2024. To help offset publication costs, we accept advertisement in the directory. Many of you have done this with beneficial results.

The publication is distributed to all Members and Associate of the Association which is over 330 insurance agencies and companies. This is an excellent opportunity for your firm's advertisement to reach the P&C insurance agencies throughout Arizona.

Advertisements must be received no later than January 15, 2024 in electronic format. You may email your advertisement in pdf, jpg or eps to [terri@iibaz.com](mailto:terri@iibaz.com) with a copy to [iibazmail@gmail.com](mailto:iibazmail@gmail.com). Please ask for a reply verification of receipt. If none received, please contact me regarding that email.

Advertisements should be submitted in full color. Bleeds or crops are not necessary. We do not have tear sheets.

Payments must be received with the advertisement or in advance. Checks should be made payable to: IIBAZ and mailed to 333 E. Flower Street, Phoenix, AZ 85012 - Attention Terri Edwards or you may use the form below for credit card payments. We accept American Express, Discover, MasterCard, and Visa.

The Directory will be 8 1/2" x 11" PORTRAIT and costs for advertising will be as follows:

Full page 7.5" w x 10" h \$475.00 | Half page 7.5" w x 4.75" h \$375.00 | Quarter page 3.75" w x 4.75" h \$325.00

Your Support of the Association is appreciated.

If you have any questions, please contact me.

Indicate your selection:  Full page \$475  Half page \$375  Quarter page \$325

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Invoice Me  Check Enclosed Payable to IIBAZ  Credit Card (Visa, MasterCard, Discover and American Express)

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_ Name on Card \_\_\_\_\_

CC Billing Address \_\_\_\_\_ Signature \_\_\_\_\_

Email Address for Receipt \_\_\_\_\_

Return completed form to IIBAZ at 333 E. Flower Street, Phoenix, Arizona 85012 OR Email [info@iibaz.com](mailto:info@iibaz.com) OR Fax (602) 468-1392  
Contact 602-956-1851 or [info@iibaz.com](mailto:info@iibaz.com) for questions.