

SPECIALS Ad Reservation Form

(Print, Fill Out and Return to info@ahchamber.com ** Please reference "Specials" in the subject line**, or mail to the Chamber office, 110 Mall Road, Covington, VA 24426)

Submitter's Information:

Name: _____ Phone #: _____

Email Address: _____

Ad Information (Provide Information that is not in the Ad copy being submitted, if applicable):

Business Name: _____

Phone#: _____ Email Address: _____

Website or Social Media ID to Link to: _____

Expiration Date:

☐ Open Ended (Default)*

☐ Expiration Date: _____

☐ Period of Promotion: _____

Conditions of Promotion Ad (Select one or more conditions if desired or specify your own conditions):

☐ Requires Coupon to be presented at time of purchase

☐ Not Valid for specific products or services only for product XYZ
Specify: _____

☐ Cannot be combined with any other offers

☐ Cannot be applied to past purchases

☐ Good only for a specific Date or Time; Specify: _____

☐ Other: Specify

_____

_____

☐ Coupon or Promotion to be Displayed (Please attach or email)

☐ Use a default template. Describe the Promotion: _____

_____

_____