

# 2018 Fall Ethanol Plant Map

ADVERTISING FORM Fax this form to 701-746-5367

**PREMIUM POSITIONS**  
See blue squares on map below

**BONUS:** Free 6 month online ad on [www.ethanolproducer.com](http://www.ethanolproducer.com) with the purchase of a print ad

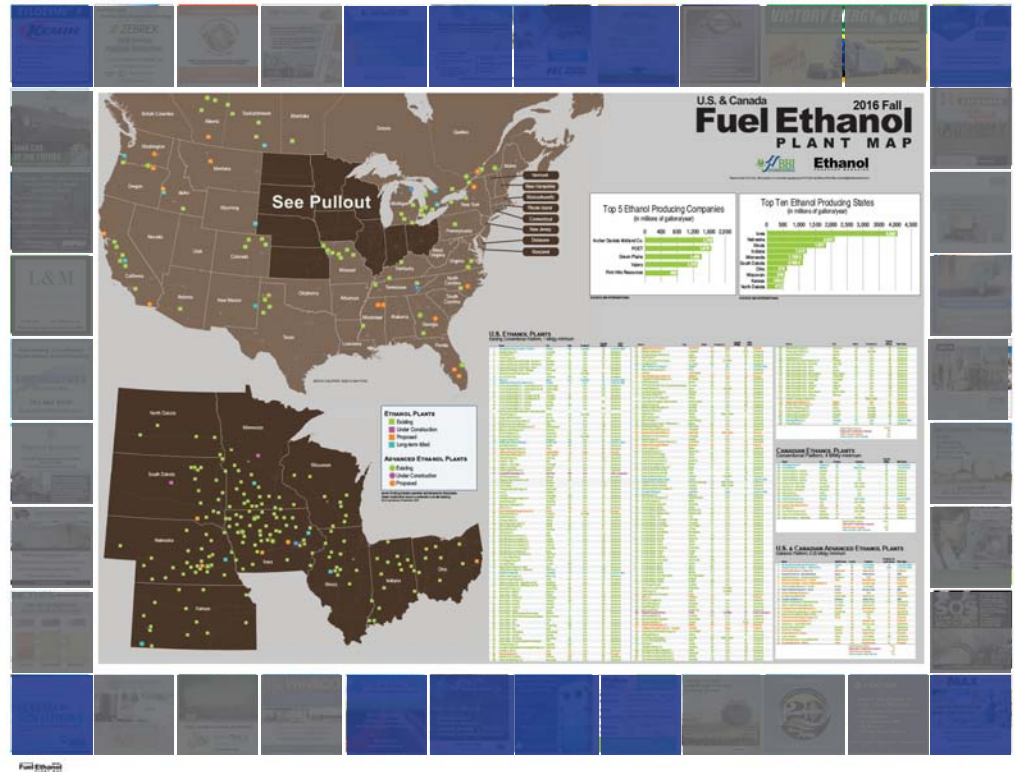
Ethanol Producer Magazine's Fuel Ethanol Plant Map identifies conventional and cellulosic ethanol plants in the U.S. and Canada. Color coded for quick reference, the map indicates both conventional sugar/starch facilities and cellulosic ethanol facilities, showing installed capacity, plants under construction, as well as proposed plants. The minimum size included on the list is 1 MMgy. Listings include name of facility, city, state, feedstock and capacity.

SENT TO **7,000+** PRODUCERS & BIOFUELS PROFESSIONALS

### DISTRIBUTION:

- ▶ All Ethanol Producer Magazine Subscribers
- ▶ All ethanol production facilities
- ▶ Following industry events:
  1. 2019 National Ethanol Conference
  2. 2019 Iowa Renewable Fuels Summit
  3. 2019 Growth Energy Executive Leadership Conference

Actual Printed Size of Map is:  
43" w x 33.25" h



### AD SIZES

Choose which size ad you wish to purchase.



**1. ONE BOX AD** Size: 3.25" x 3.25"

- \$3,500.00 (grey squares)
- \$4,500.00 (premium spot - blue squares)



**2. TWO BOX AD** Size: 6.675" x 3.25"

- Box 1 Price \$ \_\_\_\_\_
- Box 2 Price +\$ \_\_\_\_\_
- Total Two Box Ad Price** \$ \_\_\_\_\_



**3. THREE BOX AD** Size: 10.125" x 3.25"

- Box 1 Price \$ \_\_\_\_\_
- Box 2 Price \$ \_\_\_\_\_
- Box 3 Price +\$ \_\_\_\_\_
- Total Three Box Ad Price** \$ \_\_\_\_\_

### DEADLINES

Insertion/Artwork Deadline:  
**August 15, 2018**

Mailed with the November 2018 issue of Ethanol Producer Magazine.

Submit artwork to:  
[artwork@bbiinternational.com](mailto:artwork@bbiinternational.com)

### SPECS

**Advertising Submission Format**  
Electronic Files: High Resolution PDF with fonts and images embedded

### Advertisement Colors

CMYK format only. No spot colors. All spot colors **MUST** be converted to CMYK match.

### BILLING

- Invoice Me
- Credit Card  Visa  Mastercard  Amex  Discover
- CC# \_\_\_\_\_
- Exp. Date \_\_\_\_\_
- Name on card \_\_\_\_\_

### CONTACT INFORMATION

Mr.  Mrs.  Ms.  Dr.

COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_



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