

Advertising Contract for Conference Program

WIABE 2019

May 3, 4, and 5, 2019

CORPORATION/AGENCY/SCHOOL _____

SIZE AND TYPE OF AD REQUESTED:

Check the type of ad you wish to purchase. A separate form is required for each ad. PDF files are required.

Full Page Color
8" x 10"
(may bleed)

\$200

Full Page
Black & White
8" x 10"
(may bleed)

\$100

Half Page
Black & White
8" x 5"

(no bleeds)

\$50

CONTACT PERSON TO WHOM CORRESPONDENCE REGARDING ADVERTISING SHOULD BE SENT:

Dr. Mr. Mrs. Ms. Last _____ First _____ Middle Initial _____

Organization _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: () _____ Fax: () _____ Email: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title : _____ Date: _____

FULL PAYMENT MUST ACCOMPANY THIS CONTRACT. Please **check** the method by which you are submitting payment.

Check Purchase Order Direct Pay Money Order

Mail this contract with check, money order, or purchase order to:

WIABE—PO Box 340192—Milwaukee, WI 53234-0192

Make check or institutional purchase order/direct pay payable to "WIABE". Our organization's MPS vendor number is V0652130. When submitting a purchase order/direct pay please provide a copy with your ad.

WIABE reserves the right to determine the placement of all advertisements within the conference program.

Questions: Mildred Olson, WIABE Board Member email: milliolson@gmail.com

DEADLINE

Contracts and artwork materials for inclusion in the **WIABE 2019 Conference Program Book** must be received by **Friday, March 8, 2019**. Contracts and payment mailed to P.O. Box 340192. Upon receiving contract and payment you will be notified to submit an electronic copy of your artwork to Cynthia Mendoza at mendozacyndy64@gmail.com