



32nd National Indian and Native American Employment and Training Conference

April 17-22, 2011 – Scottsdale, Arizona

PROGRAM ADVERTISEMENT AGREEMENT

Contact Person:	Title/Position:		
Grantee Organization:			
Mailing Address:		Daytime Phone: () Ext.	
City:	State:	Postal Code:	Fax No.: ()
Email Address:		Website:	

- Advertisement copy should be in electronic format (pdf, jpg, bmp, eps, ai, cdr, psd). All text must be converted to curves.
- File resolution should be no less than 300 dpi.
- Proof (hard-copy) should be mailed with your form and payment for accuracy.
- Camera-ready art is also accepted.
- Advertisement electronic file or camera-ready art, form and payment must be submitted by **March 4, 2011**.

ADVERTISING RATES

FULL PAGE (B&W).....	\$400.00
7.5" X 10"	
HALF PAGE (B&W)	\$250.00
7.5" X 5"	
QUARTER PAGE (B&W).....	\$175.00
3.75" X 5"	
EIGHTH PAGE (B&W)	\$75.00
3.75" X 2.5"	
OUTSIDE BACK COVER (7.5" X 10" COLOR).....	\$1,000.00
INSIDE BACK COVER (7.5" X 10" COLOR).....	\$750.00

Ask about availability of color on inside pages.

I, hereby, understand and agree with the requirements of this Agreement and am enclosing a payment of \$_____ (fee) for a _____ -page advertisement in the 32nd National Indian and Native American Employment and Training Conference program booklet.

Check enclosed -- make payable to: **National Indian and Native American Employment and Training Conference**

VISA/MasterCard
Card No.: _____ Exp. _____

Cardholder's Signature: _____

Cardholder's Name (printed): _____

Card Billing Address: _____
INCLUDING ZIP CODE _____

Mail form and payment to: Lorenda T. Sanchez, NINAETC Treasurer
2011 NINAETC Executive Committee
738 North Market Blvd., Sacramento, CA 95834

For further information, call: (916) 920-0285; (800) 748-5259 – TTY; (916) 641-6338 - fax

Please submit advertisement copy electronically to teresap@cimcinc.com by March 4, 2011.

FOR NINAETC USE ONLY

PAID BY: CK. AMT.: \$ _____ CK. NO.: # _____ CASH \$ _____
 PO AMT.: \$ _____ PO NO.: # _____ OTHER _____
 CREDIT CARD AMT.: \$ _____ AUTHORIZATION CODE: _____
TOTAL AMOUNT REC'D: \$ _____ REC'D BY _____ DATE: _____