

1

Advertiser Name _____

Agency Name _____
IF APPLICABLE

Contact Name _____

Billing Address _____
STREET

_____ CITY _____ STATE _____ ZIP

Telephone _____ Fax _____

E-mail _____

2

Indicate the size and type of the ad you intend to place in the *Directory*:

- full page, ~~color~~..... \$655
premium positions: inside front cover, page 1
sold
- full page, **color**..... \$575
premium positions: center spread pages,
~~inside back cover~~ ***sold***, page 2
- full page, **color**..... \$525
- full page, **B&W/grayscale** \$315
- 1/2 page, horizontal, **color**..... \$315
- 1/2 page, horizontal, **B&W/grayscale** \$210
- 1/4 page, **color** \$210
- 1/4 page, **B&W/grayscale** \$130
- 1/8 page, **B&W/grayscale** \$80

For ad art specifications, see reverse.

4

Return this completed contract, along with full payment, to:

MCIA
1900 Hendon Ave
Saint Paul, MN 55108

Please submit your ad art at the same time as your payment.

Email ad art to:

alan.makinen@mncia.org

Deadline (extended) for receipt of ad art: September 13, 2019

3

SIGNATURE

DATE

<p>FOR MCIA OFFICE ONLY</p> <p>CONTRACT RECEIVED: AD ART RECEIVED: AD ART PROOF RECEIVED:</p>	<p>CHECK NO.: AMOUNT: DR:</p>
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Ad Art Specifications: 2020 MCIA DIRECTORY

