



43rd National Indian and Native American Employment Training – WIOA 166/PL 102-477

April 30 - May 4, 2023 – Foxwoods Resort Casino, Mashantucket, Connecticut



PROGRAM BOOKLET ADVERTISEMENT AGREEMENT

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

ADVERTISEMENT SPECIFICATIONS

- Logo and/or advertisement copy should be in electronic format (jpg, png, pdf).
- File resolution should be no less than 300 dpi.
- Camera-ready artwork is accepted.

PLEASE SUBMIT ADVERTISEMENT COPY TO training@cimcinc.com

by **March 20, 2023.**

Special Instructions:

Submit form and payment to:

training@cimcinc.com

or mail to:

Lorenda T. Sanchez, Treasurer
2023 NINAETC-166/477 Executive Committee
738 North Market Boulevard
Sacramento, California 95834

Information: (916) 920-0285

<input type="checkbox"/> FULL PAGE <input type="checkbox"/> grayscale or b/w –\$400.00 <input type="checkbox"/> color–\$600.00 7.5"W x 10"H	<input type="checkbox"/> HALF PAGE <input type="checkbox"/> grayscale or b/w –\$250.00 <input type="checkbox"/> color–\$375.00 7.5"W x 4.5"H	<input type="checkbox"/> QUARTER PAGE (grayscale or b/w) \$175.00 3.75"W x 4.5"H	<input type="checkbox"/> EIGHTH PAGE (grayscale or b/w) \$90.00 3.75"W x 2.125"H	<input type="checkbox"/> OUTSIDE BACK COVER (Color) 7.5"W X 10"H \$1,000.00	<input type="checkbox"/> INSIDE BACK COVER (Color) 7.5"W X 10"H \$750.00
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I understand and agree with the requirements of this Agreement and am enclosing a payment of \$ _____ (fee) for a _____-page advertisement in the 43rd National Indian and Native American Employment – WIOA Section 166 / Public Law 102-477 Training program booklet.

Check enclosed -- make payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING** Purchase Order # _____

VISA / MasterCard (\$5.00 fee per transaction) Advertisement fee \$ _____ +\$5.00 = \$ _____

Card No.: _____ Card Billing Address: _____

Expiration Date: _____

Cardholder's Name (printed): _____ INCLUDING ZIP CODE

Cardholder's Signature: _____ Card Billing Phone No.: _____

NINAETC-166/477 USE: PO Amt.: \$ _____ PO # _____ Date Received: _____ SPONSOR

Amt. Received: \$ _____ Ck.# _____ Cash Credit Card Date Received: _____ AD COPY RECEIVED: _____