



41st National Indian and Native American Employment / Public Law 102-477 Training
 May 31 – June 4, 2020 – Crowne Plaza, Providence/Warwick, Rhode Island



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.
- **PLEASE SUBMIT ADVERTISEMENT COPY TO training@cimcinc.com by May 1, 2020.**

<input type="checkbox"/> FULL PAGE (grayscale or b/w)* \$400.00 	<input type="checkbox"/> HALF PAGE (grayscale or b/w)* \$250.00 	<input type="checkbox"/> QUARTER PAGE (grayscale or b/w) \$175.00 	<input type="checkbox"/> EIGHTH PAGE (grayscale or b/w) \$90.00 	<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				

*Additional for color: Full-Page \$600.00 / Half-Page \$375.00

I understand and agree with the requirements of this Agreement and am enclosing a payment of \$_____ (fee) for a _____-page advertisement in the 41st National Indian and Native American Employment /Public Law 102-477 Training program booklet.

<input type="checkbox"/> Check enclosed -- make payable to: NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING	<input type="checkbox"/> Purchase Order # _____
<input type="checkbox"/> VISA / MasterCard (\$5.00 fee per transaction)	Card Billing Address: _____ _____ _____ INCLUDING ZIP CODE
Advertisement Total \$_____ +\$5.00 = \$_____	Card Billing Phone No.: _____
Card No.: _____	Cardholder's Signature: _____
Expiration Date: _____	_____
Cardholder's Name (printed): _____	_____

Special Instructions:

Mail form and payment to:

Lorenda T. Sanchez, Treasurer
 2020 NINAETC/477 Executive Committee
 738 North Market Boulevard
 Sacramento, California 95834

or Email: training@cimcinc.com

NINAETC/477 USE: PO Amt.: \$_____ PO #_____ Date Received: _____ SPONSOR
 Amt. Received: \$_____ Ck.# _____ Cash Credit Card Date Received: _____ AD COPY RECEIVED: _____