



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 24, 2025.

Special Instructions:

Submit form and payment to:

training@cimcinc.com

or mail to:

Lorenda T. Sanchez, Treasurer
 2025 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 	<input type="checkbox"/> HALF PAGE <input type="checkbox"/> grayscale or b/w –\$250.00 <input type="checkbox"/> color–\$375.00 	<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

I understand and agree with the requirements of this Agreement and am enclosing a payment of \$_____ (fee) for a _____-page advertisement in the 45th 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 (\$15.00 fee per transaction) Advertisement fee \$_____ +\$15.00 = \$_____

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: _____