

MarketPlace

opening doors to success

Learn new skills, network with service providers and other entrepreneurs and discover what works for your small business and community!

<http://www.cfra.org/marketplace/home>

Advertising

Hardcopy conference proceedings will be given to all attendees, with extensive materials to guide each participant during and after the MarketPlace event as reference material. In the event there is inappropriate advertising submitted, the MarketPlace Team reserves the right to refuse any advertising.

Advertising rates for the conference program are as follows:

Size	Dimensions (w x h)	Sponsor/Exhibitor/Store Vendor Rate	Non Sponsor/Exhibitor/Store Vendor Rate
Full page	71/2" X 10"	(Ambassador Sponsor ONLY)	(Ambassador Sponsor ONLY)
Half page	4 7/8" X 7 1/2"	\$75	\$95
Quarter page	4 7/8" X 3 5/8"	\$40	\$60
Business Card	2" X 3 1/2"	\$25	\$35

⇒ All ad materials must be provided in a high resolution (300dpi) TIFF, JPEG or PDF File Only

⇒ Final copy of advertisement and payment **must be received** by December 1, 2008:

Joy Marshall, 5127 S. 122nd St., Omaha, NE 68137

⇒ E-mail electronic file in the above mentioned formats and dimensions to:

Joy Marshall E-mail: joym@cfra.org

Please complete and return the following contact information with your advertisement

Business Name: _____

Advertising Contact Person: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ E-Mail: _____ Web Site: _____

Our organization is an: _____ Ambassador Sponsor (Complimentary Full Page Color Ad)
 _____ Investor Sponsor (Complimentary 1/2 Page Color Ad)
 _____ Innovator Sponsor (Complimentary 1/4 Page Color Ad)
 _____ Partner Sponsor (Complimentary Business Card Color Ad)
 _____ Exhibitor
 _____ Store Vendor
 _____ Other: _____

Enclosed is a check for:	Sponsor/Exhibitor/Store Vendor Rate	Non Sponsor/Exhibitor/Store Vendor Rate
Half page	_____ \$ 75	_____ \$ 95
Quarter page	_____ \$ 40	_____ \$ 60
Business Card	_____ \$ 25	_____ \$ 35

_____ Enclosed is my ad in the following format (s): _____ TIFF File _____ JPEG _____ Adobe

Payment Options: _____ Check (Write Check to: Center for Rural Affairs) _____ Visa _____ Master Card

Cardholder Name: _____ Card Number: _____

Exp. Date: _____ Signature: _____

_____ Mail completed form and payment to: Joy Marshall, 5127 S. 122nd St., Omaha, NE 68137