



**WIABE 2010**  
**April 29 & May 1**

## **ADVERTISING CONTRACT FOR CONFERENCE PROGRAM**

**CORPORATION/AGENCY/SCHOOL** \_\_\_\_\_

### **SIZE AND TYPE OF AD REQUESTED:**

Check the type of ad you wish to purchase. A separate form is required for each ad. Photocopies are acceptable.

Full Page Color
8" x 10" (may bleed)

**\$200**

Full Page B&W
8" x 10" (no bleeds)

**\$100**

Half Page B&W
8" x 5" (no bleeds)

**\$50**

### **CONTACT PERSON TO WHOM CORRESPONENCE REGARDING ADVERTISING SHOULD BE SENT:**

Dr. Mr. Mrs. Ms. Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:** \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FULL PAYMENT MUST ACCOMPANY THIS CONTRACT.** Please check the method by which you are submitting payment  
Check/Purchase Order/Money Order # \_\_\_\_\_  
(Make check or institutional purchase order payable to "WIABE" Must include purchase order with form.)

Mail this contract with check or money order to:

**WIABE - PO Box 340192 – Milwaukee, WI. 53234-0192**

WIABE reserves the right to determine the placement of all advertisements within the conference program.

Questions: Wanda Varela-Katz, WIABE Board Member – 414-304-6705 or email:

[varelawi@milwaukee.k12.wi.us](mailto:varelawi@milwaukee.k12.wi.us)

### **DEADLINE**

Contracts and artwork materials for inclusion in the **WIABE 2010 Conference Program Book**  
Must be received by **Friday, February 26, 2010**