

Colorado MGMA Directory Ad Reservation Form

For Office Use Only	
Date Rec'd _____	Reg # _____
Amt Pd \$ _____	Ck CC
Date Payment Processed _____	
Transaction # _____	

Category and Amount Due

- Please check appropriate category below.
- Make a copy of this form to serve as your invoice.
- Payment must be included in order to process your Directory Ad Reservation request.
- This completed form and payment in full are due to the CMGMA Office by **February 15.**

- Gold Corporate Affiliate
 Exhibitor Corporate Affiliate
 Sponsor Corporate Affiliate

Contact First Name Contact Last Name Phone

- | | |
|---|--------|
| <input type="checkbox"/> Business Card | \$100 |
| <input type="checkbox"/> ¼ Page | \$250 |
| <input type="checkbox"/> ½ Page | \$400 |
| <input type="checkbox"/> Full Page | \$750 |
| <input type="checkbox"/> Inside Back Cover | \$1200 |
| <input type="checkbox"/> Outside Back Cover | \$1500 |

Please Remember the Following Requirements:

- Must be current, paid Affiliate member.
- Must be art ready.
- All ads must be sent electronically in .jpeg, .tiff or .eps format.
- No bleeds – copy shall be floating or line around outside dimensions.
- Use halftones or shading minimally or not at all for best appearance.
- Reverse print is acceptable.
- Artwork due to the Colorado MGMA Office by **February 20.**

Payment

Amount enclosed \$ _____

Method of Payment MasterCard CC # & Security Code _____

Visa

Check Expiration Date _____

Print Name on Card/Check _____

Signature _____



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