

MPIOH *Define* Advertising Opportunity

Display Advertisements should be submitted in the following format:

- PC files are acceptable: Adobe Pagemaker, Adobe Illustrator, Adobe Photoshop, Adobe Acrobat PDF
- In PDF files, all images saved to 300 dpi (original file format should be 300 dpi); No compression or color management; All fonts embedded
- All colors converted to CMYK
- All vector (line) art CMYK
- Photos and raster (bitmap) art 300 dpi grayscale or CMYK or two color duotones (will not guarantee quality of duotones we have not approved)
- All fonts (type 1 version fonts only) included along with file or embedded within the document
- A printed version must be furnished to reference file color and construction accuracy upon translation. We cannot guarantee accurate reproduction of the files if any of these specs are not adhered to.

DEFINE Ad Size Specifications	
Ad Type	Dimensions
Full Page, Full Bleed	8.625 x 11.259 (Bleeds 3 sides/¼" Safety Margin)
Full Page B/W Internal	8.25 x 10.8 (Non Bleed)
½ Page (Vert.)	4 x 10.8
½ Page (Hor.)	8.25 x 5
¼ Page	4 x 5

DEFINE Print Advertising Rates						
Ad Type	One (1) Insertion		Two (2) Insertions		Three+ (3+) Insertions	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
Full Page	\$650	\$800	\$550 ea.	\$750 ea.	\$475 ea.	<input type="checkbox"/> \$625 ea.
½ Page	\$500	\$675	\$425 ea.	\$625 ea.	\$375 ea.	<input type="checkbox"/> \$550 ea.
¼ Page	\$425	\$600	\$350 ea.	\$550 ea.	\$350 ea.	<input type="checkbox"/> \$475 ea.

Newsletter Insert: Newsletter inserts are sold for each issue for \$350.

- Advertiser provides 350 copies of insert flyer to the Chapter Administrator for insertion.

DEFINE PUBLISHING SCHEDULE 2011 – 2012

ISSUE	DEADLINE TO SUBMIT ARTICLES TO EDITOR	ALL ARTICLES AND ADS SUBMITTED FOR LAYOUT	DEFINE DUE TO PRINTER
Aug 11 – Sept 11	July 11, 2011	July 15, 2011	July 29, 2011
Oct 11 – Nov 11	September 12, 2011	September 16, 2011	September 30, 2011
Dec 11– Jan 12	November 7, 2011	November 11, 2011	November 30, 2011
Feb 12– Mar 12	January 9, 2012	January 13, 2012	January 27, 2012
Apr 12 – May 12	March 12, 2012	March 16, 2012	March 30, 2012
Jun 12 – Jul 12	May 7, 2012	May 11, 2012	May 25, 2012

MPIOH *Define* Advertising Order Form

Company: _____

Contact Name: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

DEFINE Print Advertising Order						
Ad Type	One (1) Insertion		Two (2) Insertions		Three+ (3+) Insertions	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
Full Page	<input type="checkbox"/> \$650	<input type="checkbox"/> \$800	<input type="checkbox"/> \$550 ea.	<input type="checkbox"/> \$750 ea.	<input type="checkbox"/> \$475 ea.	<input type="checkbox"/> \$625 ea.
½ Page	<input type="checkbox"/> \$500	<input type="checkbox"/> \$675	<input type="checkbox"/> \$425 ea.	<input type="checkbox"/> \$625 ea.	<input type="checkbox"/> \$375 ea.	<input type="checkbox"/> \$550 ea.
¼ Page	<input type="checkbox"/> \$425	<input type="checkbox"/> \$600	<input type="checkbox"/> \$350 ea.	<input type="checkbox"/> \$550 ea.	<input type="checkbox"/> \$350 ea.	<input type="checkbox"/> \$475 ea.
	<input type="checkbox"/> \$350 Newsletter Insert (members only)					
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Credit Cards are accepted for sponsorships. Please indicate which card by checking the box below.

VISA MasterCard American Express

Card No.: _____ CCV No.: _____ Expiration Date: _____
(MM/YY)

Amount to charge: \$ _____ Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date: _____

Accepted By MPIOH Representative (Signature): _____ Date: _____

Thank you for your consideration and sponsorship

Please fill out completely and return to Lauren Estness, MPIOH Chapter Administrator, via email at MPIOH@aol.com or fax to 513-563-9743 for tracking and fulfillment purposes.

For questions please regarding advertising please call Leslie Klenk 614.273.0783;
leslie@burgiemediafusion.com

MPIOH Annual Membership Directory Sponsor Opportunity

- Current and future OHMPI Newsletter Advertisers receive a 10% discount!
- Cover Rates and special placement rates available upon request.

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- You may provide camera-ready art

MPIOH Annual Membership Directory Order Form

Company: _____

Contact Name: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Membership Directory Advertising Rates				
Ad Type	Black and White		Full Color	
	Member	Non-Member	Member	Non-Member
Full Page	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,320	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,650
½ Page	<input type="checkbox"/> \$700	<input type="checkbox"/> \$770	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100
¼ Page	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$700	<input type="checkbox"/> \$770
Business Card	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220	N/A	N/A
	<input type="checkbox"/> Company Logo next to your listing for an additional \$50			

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VISA MasterCard American Express

Card No.: _____ CCV No.: _____ Expiration Date: _____
(MM/YY)

Amount to charge: \$ _____ Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date: _____

Accepted By MPIOH Representative (Signature): _____ Date: _____

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leslie@burgiemediafusion.com

Email and Website Advertisement Opportunity

Banner Specifications	
Dimensions	
Formats	.gif, .jpg, .png
Size limits	12 kb.
Animation	5 second maximum, .gif only

25% off Web pricing for all six time advertisers in *DEFINE* and 15% for three time advertisers.
Submissions may be done via email attachments or on CD or other removable storage.

Website Advertisement Order Form

Company: _____

Contact Name: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Digital Advertising options:

Website Advertising

Member \$800 per year

Non Member \$1100 per year

Email Advertising

Member \$100 per email

Non Member \$250 per email

Credit Cards are accepted for sponsorships. Please indicate which card by checking the box below.

VISA

MasterCard

American Express

Card No.: _____ CCV No.: _____ Expiration Date: _____
(MM/YY)

Amount to charge: \$ _____ Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date: _____

Accepted By MPIOH Representative

(Signature): _____ Date: _____

Thank you for your consideration

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