

2010 BOOST Conference

Final Conference Brochure Advertising

√	Type of Ad	Size	Price
	Inside Front Cover	Full Page 8 ¼ (w) x 10 ¾ (h)	\$1,850
	Inside Back Cover	Full Page 8 ¼ (w) x 10 ¾ (h)	\$1,275
	Full Page Ad Placement*	Full Page 8 ¼ (w) x 10 ¾ (h)	\$950
	Half Page Ad Placement*	Half Page 8 ¼ (w) x 5 ¼ (h)	\$650
	Quarter Page Ad Placement*	1/4 Page 4 (w) x 5 ¼ (h)	\$500

Please contact Tia Quinn by April 1, 2010 to secure your ad placement tia@boostcollaborative.org

Advertisement space is available on a first-come, first basis. All ad designs can be submitted in black and white or full-color for the same cost.

Please submit ad designs only in the following formats:

- PDF (at least 300 dpi)
- EPS
- AI
- jpeg
- No Photoshop designs will be accepted
- All fonts must be outlined

*Ad placement will be at the discretion BOOST Collaborative

Advertiser Info:

Company Name _____

Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____



METHOD OF PAYMENT:

Pay by Credit Card:

Visa_____ MasterCard_____ Discover _____ Total Amount \$_____

Account #_____ Exp. Date_____/____

Name on Credit Card_____

Credit Card Billing Street Address:_____

City_____ State:_____ Zip Code:_____

Authorized Signature_____ Date:_____

Pay by Check: Payment must be received prior to print date.

MAKE CHECKS PAYABLE TO: BOOST COLLABORATIVE

Please fax your completed contract to:

If paying by check, please mail payment to:

Fax: (619) 795-3450
Attn: Tia Quinn

BOOST Collaborative
1666 Garnet Ave PMB 126
San Diego, CA 92109

TERMS & CONDITIONS

- 1.) Payment must be received before advertised issue date.
- 2.) Cancellation must be done in writing at least 5 days in advance of ad placement.
- 3.) Cancellations and refunds are subject to 20% administrative fee.
- 4.) All advertising is subject to the publisher’s approval.
- 5.) Publisher liability for errors or omissions of advertising, shall not exceed the amount paid by the advertiser.

_____ I agree to the terms and conditions stated in the contract above.

Organization Name_____

Date: _____

Name on Card _____

Authorized Signature:_____

Questions? Contact Tia Quinn @ (619) 232-6678 x2 tia@boostcollaborative.org

Please sign and retain a copy for your records. Thank you for partnering with BOOST!!