

**ADVERTISING AGREEMENT**  
**2017 STATEWIDE PARENTAL INVOLVEMENT CONFERENCE**  
**November 30 - December 2, 2017**  
**Houston, TX.**

Corporation or Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Size and Type of Advertisement Requested (check one):**

- |   |       |
|---|-------|
| <input type="checkbox"/> Full page-color (8" x 11")         | \$600 |
| <input type="checkbox"/> Full page-black & white (8" x 11") | \$400 |
| <input type="checkbox"/> ½ page-color (8" x 4 ½")*          | \$300 |
| <input type="checkbox"/> ½ page-black & white (8" x 4 ½")*  | \$200 |
| <input type="checkbox"/> ¼ page-color (3 ½" x 4 ½")         | \$150 |
| <input type="checkbox"/> ¼ page-black & white (3 ½" x 4 ½") | \$100 |

(\* ½ page ads should be horizontal)

**Conference Program Specifications:**

- Program Size: (8 ½" x 11")
- Trim Size: (8" x 10")
- No bleeds allowed
- Minimum requirements for final artwork in these acceptable file types:
  - PDF – press quality
  - EPS – include fonts
  - AI – include fonts
  - TIF – 300 dpi
  - JPG – 300 dpi

To appear in the conference program all camera-ready artwork must be received by Patricia Meyer at Region 16 Education Service Center, 5800 Bell Street, Amarillo, Texas 79109, (806) 677-5166, patricia.meyer@esc16.net, by October 6, 2017. Statewide Parental Involvement Conference reserves the right to determine placement of the advertisement within the conference program. **NO CANCELLATIONS ACCEPTED!**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Anna Flores, IMP/International Meeting Planners, Inc. is the conference registration coordinator and has the authority to receive funds on behalf of Region 16 Education Service Center. If paying by check, send payment to Anna Flores, IMP/International Meeting Planners. DO NOT SEND PAYMENTS TO REGION 16 ESC!**

❖ **Original PO must be faxed to IMP/International Meeting Planners, Inc., at (361) 241-7913 no later than October 6, 2017.**

METHOD OF PAYMENT: (please check one)  VISA \*  MasterCard \*  Check \*  Purchase Order \*

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three Digit Security Code \_\_\_\_\_

CC Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please note: IMP/International Meeting Planners, Inc. will appear on your credit card statement for this charge.

+ Full payment must accompany signed agreement. Make check payable to:  
 IMP/International Meeting Planners, Inc.  
 P.O. Box 10307 • Corpus Christi, Texas 78460-0307  
 (361) 241-4535 • Fax: (361) 241-7913