

Electronic Ad Insertion Form
2010 MFDA Convention Program Booklet
MFDA ... Mapping The Road To Success
Exhibitors / Non Exhibiting Suppliers



Date _____

To: All MFDA Funeral Suppliers

You are hereby authorized to insert the following ad, per the attached downloadable Adobe copy, in the 2010 Convention Program Booklet. Ads are full-color ads.



**The Actual Size of Our Convention Program Booklet Is 8 ½” Wide X 11” Long;
 Downloadable Adobe Copy Preferred**

Advertising Rates

***** Each Exhibiting Company Will Receive (1) One Gratis Full-Page Ad Insertion**

Should A Company Wish To Place A Second Ad, The Following Ad Rate Will Prevail *

<u>Size</u>	<u>Rate</u>
<input type="checkbox"/> Full Page Ad..... (8 ½ ” wide x 11” long).....	\$000.00 / Exhibitors
<input type="checkbox"/> Full Page Ad..... (8 ½ ” wide x 11” long).....	\$100.00 / Exhibitors - Second Ad
<input type="checkbox"/> Full Page Ad..... (8 ½ ” wide x 11” long).....	\$200.00 / Non-Exhibiting Supplier

Terms

Ad additional charge of \$ 100.00 will be charged for typesetting or alterations in ad copy.

Payment in advance is required of all advertisers and is to be included with the Ad Insertion Form.

Ad Space Desired: / Number of Pages _____ Cost _____

- () Use An Exact Duplicate Of Our Ad From 2009 / Downloadable Adobe Copy Provided
- () Use the Enclosed Downloadable Ad Copy / Downloaded Copy To sallybelanger@aol.com
- () Typesetting / Alteration

Name of Firm _____

Authorized Signature _____

Address _____

Telephone Number / Fax Number / e-mail _____

Please complete the required information, check the proper category, enclose payment as appropriate, and forward to the:

Maine Funeral Directors Association / 38 Young Avenue / Brunswick, Maine 04011
 (207) 729-9100 / 207-841-6330 – Cell / 207-729-0143 - FAX

Checks must be in U.S. dollars drawn on a U.S. Bank, made payable to the Maine Funeral Directors Association.

Credit Card Payment:

American Express MasterCard Visa Discover Amount To Be Charged To Credit Card _____

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Zip Code: (Credit Card Billing Address) _____

Cardholder's Signature: _____ V Code: _____

Should you have any questions, please do not hesitate to call. All Ad Copy Must Be Received On Or Before September 1, 2010