



# Midwest Veterinary Conference ON-SITE PROGRAM ADVERTISING AGREEMENT

2012

## ADVERTISER INFORMATION

Advertising Company \_\_\_\_\_

Contact Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## ADVERTISING OPTIONS

**Full-page ad: \$1,250**

- Full bleed  
Size: 8.5" x 11" (full bleed size when cut)  
Safe Margin: 0.125" Full bleed: 0.125"  
*\*Submitted art should be 8.625" x 11.25" to ensure full bleed.*
- Full page with white border  
Size: 7.75" x 10.5"  
No margin or bleed settings.

**Half-page ad: \$750**

- Full bleed  
Size: 8.5" x 5.25" (full bleed size when cut)  
Safe Margin: 0.125" Full bleed: 0.125"  
*\*Submitted art should be 8.625" x 5.75" to ensure full bleed.*
- Half page with white border  
Size: 7.75" x 5.25"  
No margin or bleed settings.

**Notebook ad: \$300**

- Ad appears in the notes section in the second half of the program  
Size: 1.5" x 8"  
No margin or bleed settings.

**Submission deadline: Jan. 23, 2012**

## MVC ADVERTISING: SPECS AND TERMS

- Camera-ready art must be provided by advertiser. Minimum resolution of 300 dpi is required to ensure high-quality printing.
- Preferred file types include .pdf, .eps, .psd, .ai or .tif. Please inquire about other acceptable file formats.
- Artwork may be submitted electronically or via a mailed CD. No paper copies will be accepted.
- Aforementioned rates includes four-color printing.
- All advertising is subject to OVMA review and approval prior to publication.
- As space is limited, advertising contracts are available on a first-come, first-serve basis.
- Publisher reserves the right to offer modified publishing alternatives.
- Changes to an advertisement must be made in writing (via fax, mail, or e-mail) and new artwork will be required.

## PAYMENT INFORMATION

- Check enclosed. *(Please make payable to OVMA.)*
- Please charge the following credit card:  Visa  Mastercard  Discover

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

Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ Total amount due: \$ \_\_\_\_\_

**SUBMIT TO:** By mail: OVMA, 3168 Riverside Dr., Columbus OH 43221. : **Questions?** Call us toll free at 800.662.6862  
 By fax: 614.486.1325. By e-mail: kdp@ohiovma.org : or e-mail kdp@ohiovma.org