



Convention Program Book

advertising RATES

Exhibitor rates		Non-exhibitor rates	
Size (width x height)	Price	Size (width x height)	Price
* Outside back cover	\$500	* Outside back cover	\$600
* Inside front cover	\$450	* Inside front cover	\$550
* Inside back cover	\$450	* Inside back cover	\$550
Full page (7" x 9.5")	\$325	Full page (7" x 9.5")	\$400
Half page (7" x 4.5")	\$200	Half page (7" x 4.5")	\$275
1/4 page (3.25" x 4.5")	\$150	1/4 page (3.25" x 4.5")	\$225
1/8 page (3.25" x 2.25")	\$125	1/8 page (3.25" x 2.25")	\$200

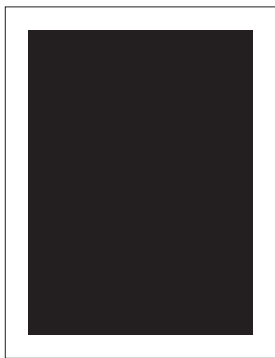
* Available on a first come, first served basis.

PLACE YOUR AD TODAY!

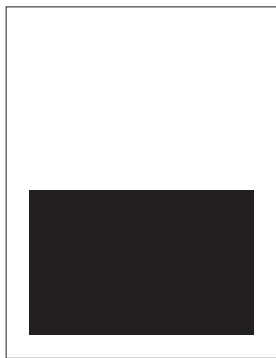
- **Leave a lasting impression** on attendees and increase your brand power in Wisconsin.
- **Add another marketing tool** to your belt and give attendees another reason to visit your booth and website.
- **Expand your reach.** Available in both print and ONLINE in a searchable format with live links. The WVMA, Wisconsin Veterinary Technician Association and Wisconsin Practice Managers Association members turn to the program book for all convention information!

size REQUIREMENTS

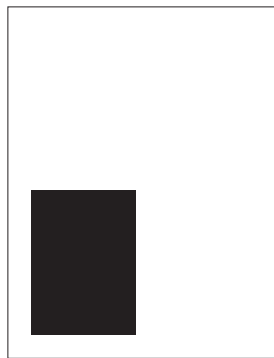
Display advertisements are to be sent as a print ready PDF file and will be printed in color. The WVMA does not resize or edit advertisements. Display advertisements are accepted on a space availability basis and are subject to approval by the convention program editor.



Full Page
7" x 9.5"



1/2 Page
7" x 4.5"



1/4 Page
3.25" x 4.5"



1/8 Page
3.25" x 2.25"

publication DEADLINE

Contract and ad due August 21

contact WVMA

All display advertising questions and materials should be directed to Bailey Quam by emailing bailey@wvma.org or calling (608) 257-3665. Payment can be taken via phone or sent to WVMA, 4610 S. Biltmore Lane, Suite 107, Madison, WI 53718.

CONTRACT ON PAGE 2



advertiserINFORMATION

Exhibitor Non-exhibitor

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Email _____ Website _____

Contact Person _____ Title _____

paymentMETHOD

Ad (indicate location/size/price) _____

Credit card (*circle one*): Visa Mastercard Discover American Express **OR** Check _____ Check number _____

Card Number _____ Exp. _____ CVV Code _____

Authorized Signature _____ Date _____

Return form to Bailey Quam, WVMA, 4610 S. Biltmore Ln., Suite 107, Madison, WI 53718, (608)-257-8989 (fax), or bailey@wvma.org.
Questions call (608) 257-3665