



MMIS 2010 AD & SPONSORSHIP REQUEST FORM

HOW TO SUBMIT FORM: Email (karen.alger@umassmed.edu), Fax (508-856-6785) or Mail (see address below)

Company: _____ Contact Name: _____

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Fax: _____ E-mail(required): _____

Please indicate **Quantity** next to your choice(s) below:

Ad Request:

_____	Full Page (10”H x 7.5”W)	\$4,000.00
_____	Full Pg. Front <u>or</u> Back Inside Cover	\$5,000.00
_____	Half Page (4.5”H x 7.5”W)	\$2,000.00
_____	Qtr. Page (4.5”H x 3.5”W)	\$1,000.00
_____	Eighth Page (2.5”H x 3.5”W)	\$ 500.00

(Ad must be submitted by June 11, 2010 in .eps & .jpg format to ads@mmisconference.org no exceptions.)

Total Advertising = \$ _____

Sponsored “Meals” Request: Meal Sponsorship Includes a 1/8 page ad in conference program (Ad must be submitted by June 11, 2010 in .eps & .jpg format to ads@mmisconference.org)

Breakfast: _____ Monday _____ Tuesday _____ Wednesday @ (\$7,500 ea)
_____ Thursday @ (\$2,500)

Lunch: _____ Monday _____ Tuesday _____ Wednesday @ (\$7,500 ea)

Total Meal Sponsorship = \$ _____

Sponsored “Breaks” Request: All “Breaks” are \$5,000 per day. Break sponsorship includes recognition in the conference program and in the break area and the opportunity to provide paper ware and a small “leave behind” on the break tables.

_____ Monday Break Request – August 16, 2010

_____ Tuesday Break Request – August 17, 2010

_____ Wednesday Break Request – August 18, 2010

Total Break Sponsorship = \$ _____

COSTS:

Advertising Amount Due: \$ _____

Meal Amount Due: \$ _____

Break Amount Due: \$ _____

Total Amount Due: \$ _____

Payment Information

Checks only, payable to **NESCSCO/MMIS** - mail a copy of this form or your invoice along with your check to:

NESCSCO
ATTN: Karen Alger
222 Maple Avenue, HP Bldg.
Shrewsbury, MA 01545

Questions??? Please contact NESCSCO

Karen 508-856-8229 or

Anita 508-856-2211